
State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Filing at a Glance

Company:	Time Insurance Company
Product Name:	IM & GM EHB Products
State:	Colorado
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005C Individual - Other
Filing Type:	Rate
Date Submitted:	06/06/2013
SERFF Tr Num:	ASWX-G129048379
SERFF Status:	Closed-Filed
State Tr Num:	278708
State Status:	Filed
Co Tr Num:	ASWX-G129048379
Implementation	01/01/2014
Date Requested:	
Author(s):	SPI AssurantHealthandEmployeeBenef
Reviewer(s):	Nichole Boggess (primary), Michael Muldoon, Cathy Gilliland, Amy Filler, Rachel Plummer
Disposition Date:	08/01/2013
Disposition Status:	Filed
Implementation Date:	01/01/2014
State Filing Description:	
Binder:	ASWX-CO14-125002233

State: Colorado **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IM & GM EHB Products
Project Name/Number: IM & GM EHB Products/CO01626FI00064

General Information

Project Name: IM & GM EHB Products

Project Number: CO01626FI00064

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: Resubmission

Individual Market Type: Individual

Filing Status Changed: 08/01/2013

State Status Changed: 08/01/2013

Created By: SPI AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Previous Filing Number: ASWX-G129018796

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AssurantHealthandEmployeeBenef

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

June 6, 2013

Mr. Tom Abel

State of Colorado

Division of Insurance

Department of Regulatory Agencies

1560 Broadway, Suite 850

Denver, CO 80202

Re: Rate Filing

New Individual Medical Form TIM14.POL.CO

Time Insurance Company

NAIC Co. No. 0069477

Dear Mr. Abel:

We are submitting a rate filing for Form TIM14.POL.CO in the state of Colorado. This is an Individual Major Medical product which covers the Essential Health Benefits (EHB) as required under the Patient Protection and Affordable Care Act (PPACA). This is a new Form with no existing rates or policyholders.

This filing contains the same rates as were originally submitted on May 15, 2013, except that the tobacco factor has been modified to reflect a 1.14 factor for ages 21 and older. Previously, we thought tobacco factors were allowed to vary by age based on ACA regulations; only that the rate data template could not support the variation. At your request, we have removed this variation. Although we could support use of a 1.15 factor for ages 21 and older, we are instead using 1.14, which is the average premium weighted factor based on the original tobacco factors by age. In this way, we are able to keep our non-smoker rates exactly as they were in our original filing.

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

We appreciate your review of this filing. Please contact me should you have any questions.

Sincerely,

Beth M. Schmitz, FSA, MAAA
Actuary, Individual Medical
Beth.Schmitz@assurant.com

Phone: (414) 299-8659

Company and Contact

Filing Contact Information

Carol Fox, Actuarial Analyst I	carol.fox@assurant.com
501 W. Michigan St.	414-299-7989 [Phone] 7989 [Ext]
Milwaukee, WI 53203	414-299-6168 [FAX]

Filing Company Information

Time Insurance Company	CoCode: 69477	State of Domicile: Wisconsin
501 W. Michigan St.	Group Code: 19	Company Type:
Milwaukee, WI 53203	Group Name:	State ID Number:
(800) 800-1212 ext. [Phone]	FEIN Number: 39-0658730	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page. Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 850, 645

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/01/2013	08/01/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Michael Muldoon	07/17/2013	07/17/2013
Pending Industry Response	Rachel Plummer	07/09/2013	07/09/2013
Pending Industry Response	Rachel Plummer	07/05/2013	07/05/2013
Pending Industry Response	Nichole Boggess	07/03/2013	07/03/2013
Pending Industry Response	Cathy Gilliland	06/26/2013	06/26/2013
Pending Industry Response	Amy Filler	06/25/2013	06/25/2013
Pending Industry Response	Nichole Boggess	06/10/2013	06/10/2013

Response Letters

Responded By	Created On	Date Submitted
SPI AssurantHealthandEmployeeBenef	07/19/2013	07/19/2013
SPI AssurantHealthandEmployeeBenef	07/11/2013	07/11/2013
SPI AssurantHealthandEmployeeBenef	07/11/2013	07/11/2013
SPI AssurantHealthandEmployeeBenef	07/10/2013	07/10/2013
SPI AssurantHealthandEmployeeBenef	06/27/2013	06/27/2013
SPI AssurantHealthandEmployeeBenef	06/26/2013	06/26/2013
SPI AssurantHealthandEmployeeBenef	06/18/2013	06/18/2013

SERFF Tracking #:

ASWX-G129048379

State Tracking #:

278708

Company Tracking #:

ASWX-G129048379

State: Colorado

Filing Company:

Time Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: IM & GM EHB Products

Project Name/Number: IM & GM EHB Products/CO01626FI00064

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Exhibits.2013.07.24	SPI AssurantHealthandEmplo yeeBenef	07/24/2013	07/24/2013
Rate	Rate Exhibits (excel).2013.07.24	SPI AssurantHealthandEmplo yeeBenef	07/24/2013	07/24/2013
Supporting Document	Rate Sample Calculation (excel).2013.07.24	SPI AssurantHealthandEmplo yeeBenef	07/24/2013	07/24/2013
Supporting Document	Actuarial Memorandum and Certifications	SPI AssurantHealthandEmplo yeeBenef	07/24/2013	07/24/2013
Supporting Document	Appendix C - Plan Portfolio.2013.07.24	SPI AssurantHealthandEmplo yeeBenef	07/24/2013	07/24/2013
Supporting Document	Unified Rate Review Template	SPI AssurantHealthandEmplo yeeBenef	07/24/2013	07/24/2013
Supporting Document	Appendix D - AV Documentation.2013.07.24	SPI AssurantHealthandEmplo yeeBenef	07/24/2013	07/24/2013
Supporting Document	Rate Sample Calculation.2013.07.24	SPI AssurantHealthandEmplo yeeBenef	07/24/2013	07/24/2013

SERFF Tracking #:	ASWX-G129048379	State Tracking #:	278708	Company Tracking #:	ASWX-G129048379
State:	Colorado	Filing Company:	Time Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	IM & GM EHB Products				
Project Name/Number:	IM & GM EHB Products/CO01626FI00064				

Disposition

Disposition Date: 08/01/2013

Implementation Date: 01/01/2014

Status: Filed

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: State Tracking # 278708

Company: Time Insurance Company

Product Line: Individual Major

Medical Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014 This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

Off Exchange Only Plans

Platinum: 4 plans

Gold: 4 plans

Silver: 8 plans

Bronze: 14 plans

Catastrophic: 2 plans

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

See attached document for more information on this filing.

Company	Company	Overall %	Overall %	Written	# of Policy	Written	Maximum %	Minimum %
Name:	Rate	Indicated	Rate	Premium	Holders Affected	Premium for	Change	Change
	Change:	Change:	Impact:	Change for	for this Program:	this Program:	(where req'd):	(where req'd):
				this Program:				

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Time Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
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Percent Change Approved:

Minimum: 0.000%

Maximum: 0.000%

Weighted Average: 0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Consumer Disclosure Form		Yes
Supporting Document (revised)	Rate Sample Calculation (excel).2013.07.24		Yes
Supporting Document	Rate Sample Calculation (excel)		Yes
Supporting Document	Appendix A - Rate Development		Yes
Supporting Document	CO Actuarial Memorandum		Yes
Supporting Document	CO Actuarial Memorandum (excel)		Yes
Supporting Document	Part II - Written Explanation of Rate Increase		Yes
Supporting Document	Appendix E - Projection		Yes
Supporting Document (revised)	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Certification		Yes
Supporting Document	Appendix F - Smoker Factor Support		Yes
Supporting Document	Appendix G - Area Factor Support		Yes
Supporting Document	Appendix B - Trend Summary		Yes
Supporting Document	HR-1 Form (H)		Yes
Supporting Document (revised)	Appendix C - Plan Portfolio.2013.07.24		Yes

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Appendix C - Plan Portfolio		Yes
Supporting Document (revised)	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document (revised)	Appendix D - AV Documentation.2013.07.24		Yes
Supporting Document	Appendix D - AV Documentation		Yes
Supporting Document	Cover Letter		Yes
Supporting Document (revised)	CO Actuarial Memorandum - Main.2013.07.19		Yes
Supporting Document	CO Actuarial Memorandum - Main		Yes
Supporting Document (revised)	Rate Sample Calculation.2013.07.24		Yes
Supporting Document	Rate Sample Calculation		Yes
Supporting Document	SBC Supplement for Bronze		Yes
Supporting Document	Bronze 1 SBC		Yes
Supporting Document	Objection Response.2013.06.18		Yes
Supporting Document	Objection Response.2013.06.27		Yes
Supporting Document	Objection Response.2013.07.10		Yes
Supporting Document	Objection Response.2013.07.11		Yes
Supporting Document	Objection Response.2013.07.19		Yes
Supporting Document	Tax Exhibit - 2012 SHCE		Yes
Supporting Document	Consumer Retention Exhibit		Yes
Form	Individual Major Medical		Yes
Form	Individual Major Market		Yes
Rate (revised)	Rate Exhibits.2013.07.24		Yes
Rate	Rate Exhibits.2013.07.11		Yes

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Rate Exhibits.2013.07.10		Yes
Rate	Rate Exhibits.2013.06.27		Yes
Rate	Rate Exhibits		Yes
Rate (revised)	Rate Exhibits (excel).2013.07.24		Yes
Rate	Rate Exhibits (excel).2013.07.11		Yes
Rate	Rate Exhibits (excel).2013.07.10		Yes
Rate	Rate Exhibits (excel).2013.06.27		Yes
Rate	Rate Exhibits (excel)		Yes

Final Disposition Letter

State Tracking # 278708

Company: Time Insurance Company

Product Line: Individual Major Medical

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

Off Exchange Only Plans

Platinum: 4 plans

Gold: 4 plans

Silver: 8 plans

Bronze: 14 plans

Catastrophic: 2 plans

Rate Methodology

Experience Used for Rate Setting: Time's 2012 Colorado Individual Non-Grandfathered business.

2012 Experience Period Loss Ratio: 70.5% Loss Ratio in Colorado on 14,250 + life years.

Annual Health Cost Trends: 10.5%.

Risk Adjustment: +6.4% (payments expected to the federal Risk Adjustment Program in 2014).

Reinsurance Recoveries: -13.3% (payments expected from the federal Reinsurance Program in 2014).

Smoking Factor: 14% higher rates for smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium: \$365.00 pmpm

* Federal Reported 2014 Comparable Average Premium: \$328.15 pmpm

* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan. This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Final Disposition Letter

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total premium retention is 23.0% shown as follows:

	Target LR % of Premium	Requested LR % of Premium
<u>Issuer Primary Expense and Profit Retention</u>	<u>Retained</u>	<u>Retained</u>
Administrative Expenses:	11.00%	11.00%
Managed Care and Cost Containment	3.00%	3.00%
Commissions:	6.50%	6.50%
Profit and Contingencies After Taxes:	3.00%	3.00%
Reduction in Margin to Reach 27% Desired Loss Ratio		-1.76%
FIT - Federal Income Taxes:	3.00%	3.00%
Investment Income:	-2.50%	-2.50%
(A) Total:	24.00%	22.24%
<u>Retention for Additional Required Taxes, Fees and Assessments</u>		
PPACA Health Insurer Fee:	1.50%	1.50%
PPACA Reinsurance Fee:	0.00%	0.00%
PPACA PCORI Fees:	0.05%	0.05%
PPACA Risk Adjustment User Fee:	0.02%	0.02%
Exchange user fees: Off-Exchange Products	0.00%	0.00%
State Premium Taxes:	2.00%	2.00%
State Income Taxes:		
Other State Taxes, Fees:	0.69%	0.69%
(B) Total:	4.26%	4.26%
<u>Additional Allowed for QI & Member Welfare Section</u>		
Quality Improvement:	0.50%	0.50%
Community Charitable:		
IT for ICD-10 Conversion (max allowed 0.3%):		
(C) Total:	0.50%	0.50%
(D) Total Premium Retention For All Purposes (A + B + C):	28.76%	27.00%
(E) Colorado Conventional Loss Ratio (100% - D):	71.24%	73.00%
Simplified Federal MLR Loss Ratio Basis: (E + C) / (100% - B - FIT):	77.36%	79.25%

Final Disposition Letter

Sample of Final Premium Levels

	Denver				Fort Collins			
	21 Year Old		64 Year Old		21 Year Old		64 Year Old	
	Low	High	Low	High	Low	High	Low	High
Platinum	\$386.13	\$390.05	\$1,158.39	\$1,170.15	\$420.63	\$472.16	\$1,261.89	\$1,416.48
Gold	\$324.33	\$339.31	\$972.99	\$1,017.93	\$353.31	\$410.75	\$1,059.93	\$1,232.25
Silver	\$270.07	\$283.60	\$810.21	\$850.80	\$294.21	\$343.30	\$882.63	\$1,029.90
Bronze	\$222.95	\$237.65	\$668.85	\$712.95	\$242.87	\$287.69	\$728.61	\$863.07
Catastrophic	\$183.85	\$185.51	\$551.55	\$556.53	\$200.29	\$224.57	\$600.87	\$673.71

	Grand Junction				Pueblo			
	21 Year Old		64 Year Old		21 Year Old		64 Year Old	
	Low	High	Low	High	Low	High	Low	High
Platinum	\$392.27	\$440.33	\$1,176.81	\$1,320.99	\$453.73	\$455.09	\$1,361.19	\$1,365.27
Gold	\$329.49	\$383.06	\$988.47	\$1,149.18	\$381.12	\$395.89	\$1,143.36	\$1,187.67
Silver	\$274.37	\$320.16	\$823.11	\$960.48	\$317.36	\$330.88	\$952.08	\$992.64
Bronze	\$226.50	\$268.29	\$679.50	\$804.87	\$261.98	\$277.28	\$785.94	\$831.84
Catastrophic	\$186.78	\$209.42	\$560.34	\$628.26	\$216.05	\$216.44	\$648.15	\$649.32

Division Objections and Rate Changes During the Review Process

The Division objected to the inclusion of 0.9% premium retained to Cover the CoverColorado assessment. This assessment is not valid for 2014. Time removed this 0.9% from their retention calculations.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/17/2013
Submitted Date	07/17/2013
Respond By Date	07/20/2013

Dear Carol Fox,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- CO Actuarial Memorandum (Supporting Document)
 - CO Actuarial Memorandum - Main (Supporting Document)
 - Objection Response.2013.07.10 (Supporting Document)
- Comments: Regarding the attached Consumer Retention Exhibit

Regarding your objection response on July 10th.

Please review the attached consumer retention exhibit and clarify any items that you believe should be clarified. Note I have 2 columns, the second being adjusted by illustrating reduced margins to get to your 27% desired retention.

In addition:

Your 0.9% retention load for CoverColorado in 2014 is not valid, I have removed that in the exhibit. Please remove from your Colorado and Federal Act Memos.

Please indicate how much Time reports in Financials for 2012 for the 0.7% retention load for "Other regulatory and miscellaneous fees, which include:

- Other Federal Taxes (FICA, FUTA)
- Other Federal Assessments (PCORTF fee)
- Other State Taxes (Personal Property, Employer SUTA, State Franchise/Excise Tax, Guaranty Funds, Municipal/County Tax)
- Regulatory Fees (Agent Licensing Fees, State Ins. Dept. Fees, Ins. Dept. Exam Fees, Certificate of Authority Fees)"

Note in the exhibit I have split out PCORI Fees separately as \$2 pmpy = 0.05%, and adjusted the Other Tax line to 0.65%. Please adjust if different.

Please list separately any other PPACA fees shown in the exhibit that are buried in the 0.7%.

Your 2012 financials appear to show agent broker fees and commissions of about 5.2% for Colorado Individual Business (about \$3.3 million of the \$64 million premium), please reconcile that with your 2014 pricing commission load of 6.5%, provide support for that level.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/20/2013, which is within 3 calendar days from the date of this correspondence.

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Failure to provide a full or complete response may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Michael Muldoon

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Attachment Consumer Retention Exhibit.xlsx is not a PDF document and cannot be reproduced here.

State: Colorado **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IM & GM EHB Products
Project Name/Number: IM & GM EHB Products/CO01626FI00064

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/09/2013
Submitted Date	07/09/2013
Respond By Date	07/11/2013

Dear Carol Fox,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please submit the Unified Rate Review Template (URRT) from the rate filing into HIOS.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/11/2013, which is within 2 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 7/11/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IM & GM EHB Products
Project Name/Number: IM & GM EHB Products/CO01626FI00064

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/11/2013

Dear Carol Fox,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide a new rate manual in the following format:

*Base Premium = (Age Factor) * (Plan Benefit Factor) * (Network Factor) * (Area Factor) * (Tobacco Factor) * (Any other factors built into the rate)*

Provide a table for each of the following factors listed above.

Also, for the Plan Benefit factors and Network factors, please include the plan id, plan marketing name, metal level and factor.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/11/2013, which is within 6 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/11/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IM & GM EHB Products
Project Name/Number: IM & GM EHB Products/CO01626FI00064

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/03/2013
Submitted Date	07/03/2013
Respond By Date	07/10/2013

Dear Carol Fox,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide a full explanation of the 3.5% premium tax as the reported amount is 2%. Please provide a breakdown of all associated items that are built into the premium tax.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/10/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/10/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,
Nichole Boggess

State: Colorado **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IM & GM EHB Products
Project Name/Number: IM & GM EHB Products/CO01626FI00064

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/26/2013
Submitted Date	06/26/2013
Respond By Date	07/01/2013

Dear Carol Fox,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: There are 32 plan IDs listed in the Plans and Benefits and Rate Data Templates. However, there are only 16 plan descriptions (not IDs) listed in the Rate Manual. If there are 16 in one network, 16 in the other Please, spell this out on the Rate Manual. Provide all of the plan name/descriptions, with their corresponding plan IDs, on the Rate Manual.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/01/2013, which is within 5 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/01/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/25/2013
Submitted Date	06/25/2013
Respond By Date	06/28/2013

Dear Carol Fox,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the Requested Filing Mode field from "Review and Approval" to "File and Use" on the General Information tab.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 6/28/2013, which is within 3 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 6/28/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

*Sincerely,
Amy Filler*

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/10/2013
Submitted Date	06/10/2013
Respond By Date	06/24/2013

Dear Carol Fox,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the requested filing mode from review and approval to file and use on the general information tab.

Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk.

Objection 3

Comments: Please update the filing method from prior approval to file and use on the rate/rule schedule.

Objection 4

Comments: Please complete the following fields on the rate / rule schedule:

Written Premium Change for this Program:

of Policy Holders Affected for this Program:

Written Premium for this Program:

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/24/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/24/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

*Sincerely,
Nichole Boggess*

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/19/2013
Submitted Date	07/19/2013

Dear Nichole Boggess,

Introduction:

We are responding to your objection sent on 7/17/2013.

Thank You,
Carol Fox
Assurant Health
414-299-7989

Response 1

Comments:

see attached

Related Objection 1

Applies To:

- CO Actuarial Memorandum (Supporting Document)
- CO Actuarial Memorandum - Main (Supporting Document)
- Objection Response.2013.07.10 (Supporting Document)

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Comments: Regarding the attached Consumer Retention Exhibit
Regarding your objection response on July 10th.

Please review the attached consumer retention exhibit and clarify any items that you believe should be clarified. Note I have 2 columns, the second being adjusted by illustrating reduced margins to get to your 27% desired retention.

In addition:

Your 0.9% retention load for CoverColorado in 2014 is not valid, I have removed that in the exhibit. Please remove from your Colorado and Federal Act Memos.

Please indicate how much Time reports in Financials for 2012 for the 0.7% retention load for "Other regulatory and miscellaneous fees, which include:

- Other Federal Taxes (FICA, FUTA)
- Other Federal Assessments (PCORTF fee)
- Other State Taxes (Personal Property, Employer SUTA, State Franchise/Excise Tax, Guaranty Funds, Municipal/County Tax)
- Regulatory Fees (Agent Licensing Fees, State Ins. Dept. Fees, Ins. Dept. Exam Fees, Certificate of Authority Fees)"

Note in the exhibit I have split out PCORI Fees separately as \$2 pmpy = 0.05%, and adjusted the Other Tax line to 0.65%. Please adjust if different.
Please list separately any other PPACA fees shown in the exhibit that are buried in the 0.7%.

Your 2012 financials appear to show agent broker fees and commissions of about 5.2% for Colorado Individual Business (about \$3.3 million of the \$64 million premium), please reconcile that with your 2014 pricing commission load of 6.5%, provide support for that level.

Changed Items:

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_07_18.PDF
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_05_06.PDF</i>
Satisfied - Item:	CO Actuarial Memorandum - Main.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO Actuarial Memo_2013_07_18.PDF
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum - Main</i>
Comments:	
Attachment(s):	<i>2014_01_01_CO Actuarial Memo_2013_06_05.PDF</i>
Satisfied - Item:	Objection Response.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_18.PDF
Satisfied - Item:	Tax Exhibit - 2012 SHCE
Comments:	
Attachment(s):	CO Tax Exhibit - 2012 SHCE_2013_07_18.PDF
Satisfied - Item:	Consumer Retention Exhibit
Comments:	
Attachment(s):	Consumer Retention Exhibit_2013_07_18.PDF Consumer Retention Exhibit_2013_07_18.XLSX

SERFF Tracking #:	ASWX-G129048379	State Tracking #:	278708	Company Tracking #:	ASWX-G129048379
State:	Colorado	Filing Company:	Time Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	IM & GM EHB Products				
Project Name/Number:	IM & GM EHB Products/CO01626FI00064				

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_07_18.PDF
<i>Previous Version</i>	
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Comments:	
Attachment(s):	<i>2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_05_06.PDF</i>
Satisfied - Item:	CO Actuarial Memorandum - Main.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO Actuarial Memo_2013_07_18.PDF
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum - Main</i>
Comments:	
Attachment(s):	<i>2014_01_01_CO Actuarial Memo_2013_06_05.PDF</i>
Satisfied - Item:	Objection Response.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_18.PDF
Satisfied - Item:	Tax Exhibit - 2012 SHCE
Comments:	
Attachment(s):	CO Tax Exhibit - 2012 SHCE_2013_07_18.PDF
Satisfied - Item:	Consumer Retention Exhibit
Comments:	
Attachment(s):	Consumer Retention Exhibit_2013_07_18.PDF Consumer Retention Exhibit_2013_07_18.XLSX

SERFF Tracking #:	ASWX-G129048379	State Tracking #:	278708	Company Tracking #:	ASWX-G129048379
State:	Colorado	Filing Company:	Time Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	IM & GM EHB Products				
Project Name/Number:	IM & GM EHB Products/CO01626FI00064				

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
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Attachment(s):	2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_07_18.PDF
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Satisfied - Item:	CO Actuarial Memorandum - Main.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO Actuarial Memo_2013_07_18.PDF
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum - Main</i>
Comments:	
Attachment(s):	<i>2014_01_01_CO Actuarial Memo_2013_06_05.PDF</i>
Satisfied - Item:	Objection Response.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_18.PDF
Satisfied - Item:	Tax Exhibit - 2012 SHCE
Comments:	
Attachment(s):	CO Tax Exhibit - 2012 SHCE_2013_07_18.PDF
Satisfied - Item:	Consumer Retention Exhibit
Comments:	
Attachment(s):	Consumer Retention Exhibit_2013_07_18.PDF Consumer Retention Exhibit_2013_07_18.XLSX

SERFF Tracking #:	ASWX-G129048379	State Tracking #:	278708	Company Tracking #:	ASWX-G129048379
State:	Colorado	Filing Company:	Time Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	IM & GM EHB Products				
Project Name/Number:	IM & GM EHB Products/CO01626FI00064				

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_07_18.PDF
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Satisfied - Item:	CO Actuarial Memorandum - Main.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO Actuarial Memo_2013_07_18.PDF
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum - Main</i>
Comments:	
Attachment(s):	<i>2014_01_01_CO Actuarial Memo_2013_06_05.PDF</i>
Satisfied - Item:	Objection Response.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_18.PDF
Satisfied - Item:	Tax Exhibit - 2012 SHCE
Comments:	
Attachment(s):	CO Tax Exhibit - 2012 SHCE_2013_07_18.PDF
Satisfied - Item:	Consumer Retention Exhibit
Comments:	
Attachment(s):	Consumer Retention Exhibit_2013_07_18.PDF Consumer Retention Exhibit_2013_07_18.XLSX

SERFF Tracking #:	ASWX-G129048379	State Tracking #:	278708	Company Tracking #:	ASWX-G129048379
State:	Colorado	Filing Company:	Time Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	IM & GM EHB Products				
Project Name/Number:	IM & GM EHB Products/CO01626FI00064				

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_07_18.PDF
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_05_06.PDF</i>
Satisfied - Item:	CO Actuarial Memorandum - Main.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO Actuarial Memo_2013_07_18.PDF
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum - Main</i>
Comments:	
Attachment(s):	<i>2014_01_01_CO Actuarial Memo_2013_06_05.PDF</i>
Satisfied - Item:	Objection Response.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_18.PDF
Satisfied - Item:	Tax Exhibit - 2012 SHCE
Comments:	
Attachment(s):	CO Tax Exhibit - 2012 SHCE_2013_07_18.PDF
Satisfied - Item:	Consumer Retention Exhibit
Comments:	
Attachment(s):	Consumer Retention Exhibit_2013_07_18.PDF Consumer Retention Exhibit_2013_07_18.XLSX

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
SPI AssurantHealthandEmployeeBenef

State: Colorado **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IM & GM EHB Products
Project Name/Number: IM & GM EHB Products/CO01626FI00064

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/11/2013
Submitted Date	07/11/2013

Dear Nichole Boggess,

Introduction:

For this objection response refer to the other objection letter sent on 7/5/2013.

Thank You,
Carol Fox
Assurant Health
414-299-7989

Response 1

Comments:

see objection letter sent on 7/5/2013.

Related Objection 1

Comments: Please submit the Unified Rate Review Template (URRT) from the rate filing into HIOS.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
SPI AssurantHealthandEmployeeBenef

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/11/2013
Submitted Date	07/11/2013

Dear Nichole Boggess,

Introduction:

We are responding to your objection sent on 7/5/2013 and 7/9/2013.

Thank You,
Carol Fox
Assurant Health
414-299-7989

Response 1

Comments:

see attached

Related Objection 1

Comments: Please provide a new rate manual in the following format:

Base Premium = (Age Factor) * (Plan Benefit Factor) * (Network Factor) * (Area Factor) * (Tobacco Factor) * (Any other factors built into the rate)

Provide a table for each of the following factors listed above.

Also, for the Plan Benefit factors and Network factors, please include the plan id, plan marketing name, metal level and factor.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response.2013.07.11
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_11.PDF

No Form Schedule items changed.

State: Colorado Filing Company: Time Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: IM & GM EHB Products
 Project Name/Number: IM & GM EHB Products/CO01626FI00064

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Exhibits.2013.07.11	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_07_10.PDF,	07/11/2013 By: SPI AssurantHealthandEmployeeBenef
Previous Version						
1	Rate Exhibits.2013.07.10	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_06_07.PDF,	07/10/2013 By: SPI AssurantHealthandEmployeeBenef
Previous Version						
1	Rate Exhibits.2013.06.27	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF,	06/27/2013 By: SPI AssurantHealthandEmployeeBenef
Previous Version						

State: Colorado Filing Company: Time Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: IM & GM EHB Products
 Project Name/Number: IM & GM EHB Products/CO01626FI00064

Rate/Rule Schedule Item Changes						
1	Rate Exhibits	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.PDF,	06/06/2013 By: SPI AssurantHealthandEm ployeeBenef
2	Rate Exhibits (excel).2013.07.11	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_07_10.PDF, CO 2014 Rate Exhibit_2013_07_10.XLSX,	07/11/2013 By: SPI AssurantHealthandEm ployeeBenef
Previous Version						
2	Rate Exhibits (excel).2013.07.10	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_06_07.PDF, CO 2014 Rate Exhibit_2013_06_07.XLSX,	07/10/2013 By: SPI AssurantHealthandEm ployeeBenef
Previous Version						
2	Rate Exhibits (excel).2013.06.27	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF, 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.XLSX,	06/27/2013 By: SPI AssurantHealthandEm ployeeBenef
Previous Version						

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Rate/Rule Schedule Item Changes						
2	Rate Exhibits (excel)	TIM14.POL.CO	Other	Previous State Filing Number:	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.PDF,	06/06/2013 By: SPI AssurantHealthandEm
				Rate Action Other Explanation:	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.XLS,	ployeeBenef
				New Product		

Conclusion:

Sincerely,
 SPI AssurantHealthandEmployeeBenef

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/10/2013
Submitted Date	07/10/2013

Dear Nichole Boggess,

Introduction:

We are responding to your objection sent on 7/3/2013.

Thank You,
Carol Fox
Assurant Health
414-299-7989

Response 1

Comments:

see attached

Related Objection 1

Comments: Please provide a full explanation of the 3.5% premium tax as the reported amount is 2%. Please provide a breakdown of all associated items that are built into the premium tax.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response.2013.07.10
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_03.PDF

No Form Schedule items changed.

State: Colorado Filing Company: Time Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: IM & GM EHB Products
 Project Name/Number: IM & GM EHB Products/CO01626FI00064

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Exhibits.2013.07.10	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_06_07.PDF,	07/10/2013 By: SPI AssurantHealthandEmployeeBenef
Previous Version						
1	Rate Exhibits.2013.06.27	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF,	06/27/2013 By: SPI AssurantHealthandEmployeeBenef
Previous Version						
1	Rate Exhibits	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.PDF,	06/06/2013 By: SPI AssurantHealthandEmployeeBenef

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Rate/Rule Schedule Item Changes						
2	Rate Exhibits (excel).2013.07.10	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_06_07.P DF, CO 2014 Rate Exhibit_2013_06_07.X LSX,	07/10/2013 By: SPI AssurantHealthandEm ployeeBenef
Previous Version						
2	Rate Exhibits (excel).2013.06.27	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF, 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.XLS X,	06/27/2013 By: SPI AssurantHealthandEm ployeeBenef
Previous Version						
2	Rate Exhibits (excel)	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.PDF, 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.XLS,	06/06/2013 By: SPI AssurantHealthandEm ployeeBenef

Conclusion:

Sincerely,
SPI AssurantHealthandEmployeeBenef

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/27/2013
Submitted Date	06/27/2013

Dear Nichole Boggess,

Introduction:

We are responding to your objection sent on 6/26/2013.

Thank You,
Carol Fox
Assurant Health
414-299-7989

Response 1

Comments:

see attached

Related Objection 1

Comments: There are 32 plan IDs listed in the Plans and Benefits and Rate Data Templates. However, there are only 16 plan descriptions (not IDs) listed in the Rate Manual. If there are 16 in one network, 16 in the other Please, spell this out on the Rate Manual. Provide all of the plan name/descriptions, with their corresponding plan IDs, on the Rate Manual.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response.2013.06.27
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_06_26.PDF

No Form Schedule items changed.

SERFF Tracking #:

ASWX-G129048379

State Tracking #:

278708

Company Tracking #:

ASWX-G129048379

State: Colorado

Filing Company:

Time Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: IM & GM EHB Products

Project Name/Number: IM & GM EHB Products/CO01626FI00064

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Exhibits.2013.06.27	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF,	06/27/2013 By: SPI AssurantHealthandEmployeeBenef

Previous Version

1	Rate Exhibits	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.PDF,	06/06/2013 By: SPI AssurantHealthandEmployeeBenef
2	Rate Exhibits (excel).2013.06.27	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF, 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.XLS X,	06/27/2013 By: SPI AssurantHealthandEmployeeBenef

Previous Version

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Rate/Rule Schedule Item Changes						
2	Rate Exhibits (excel)	TIM14.POL.CO	Other	Previous State Filing Number:	2014_01_01 CO 2014	06/06/2013
				Rate Action Other Explanation:	Rate Exhibit - TIC_2013_06_06.PDF, 2014_01_01 CO 2014	By: SPI AssurantHealthandEm ployeeBenef
				New Product	Rate Exhibit - TIC_2013_06_06.XLS,	

Conclusion:

Sincerely,
SPI AssurantHealthandEmployeeBenef

State: Colorado **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IM & GM EHB Products
Project Name/Number: IM & GM EHB Products/CO01626FI00064

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/26/2013
Submitted Date	06/26/2013

Dear Nichole Boggess,

Introduction:

We are responding to your objection sent on 6/25/2013. Spoke to Cathy Gilliland on 6/26/13. She Allowed the PSU and saw that the changes were made to File & Use.

Thank You,
Carol Fox
Assurant Health
414-299-7989

Response 1

Comments:

See introduction for response.

Related Objection 1

Comments: Please update the Requested Filing Mode field from "Review and Approval" to "File and Use" on the General Information tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
SPI AssurantHealthandEmployeeBenef

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/18/2013
Submitted Date	06/18/2013

Dear Nichole Boggess,

Introduction:

We are responding to your objection sent on 6/10/2013.

Thank You,
Carol Fox
Assurant Health
414-299-7989

Response 1

Comments:

see attached and updated PSU

Related Objection 1

Comments: Please update the requested filing mode from review and approval to file and use on the general information tab.

Related Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk.

Related Objection 3

Comments: Please update the filing method from prior approval to file and use on the rate/rule schedule.

Related Objection 4

Comments: Please complete the following fields on the rate / rule schedule:

Written Premium Change for this Program:

of Policy Holders Affected for this Program:

Written Premium for this Program:

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response.2013.06.18
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_06_11.PDF

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
SPI AssurantHealthandEmployeeBenef

SERFF Tracking #:	ASWX-G129048379	State Tracking #:	278708	Company Tracking #:	ASWX-G129048379
<hr/>					
State:	Colorado	Filing Company:	Time Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	IM & GM EHB Products				
Project Name/Number:	IM & GM EHB Products/CO01626FI00064				

Amendment Letter

Submitted Date: 07/24/2013

Comments:

We are updating our rate filing in response to the plan binder objections received on 7-16-13 and clarified on 7-23-13.

Thank You,
Carol Fox
Assurant Health
414-299-7989

Changed Items:

No Form Schedule Items Changed.

State: Colorado Filing Company: Time Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: IM & GM EHB Products
 Project Name/Number: IM & GM EHB Products/CO01626FI00064

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Exhibits.2013.07.24	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01_CO 2014 Rate Exhibit_2013_07_24.PDF,	07/24/2013 By:
Previous Version						
1	Rate Exhibits.2013.07.11	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_07_10.PDF,	07/11/2013 By: SPI AssurantHealthandEmployeeBenef
Previous Version						
1	Rate Exhibits.2013.07.10	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_06_07.PDF,	07/10/2013 By: SPI AssurantHealthandEmployeeBenef
Previous Version						

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Rate/Rule Schedule Item Changes						
1	Rate Exhibits.2013.06.27	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF,	06/27/2013 By: SPI AssurantHealthandEmployeeBenef
Previous Version						
1	Rate Exhibits	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.PDF,	06/06/2013 By: SPI AssurantHealthandEmployeeBenef
2	Rate Exhibits (excel).2013.07.24	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01_CO 2014 Rate Exhibit_2013_07_24.PDF, 2014_01_01_CO 2014 Rate Exhibit_2013_07_24.XLSX,	07/24/2013 By:
Previous Version						
2	Rate Exhibits (excel).2013.07.11	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_07_10.PDF, CO 2014 Rate Exhibit_2013_07_10.XLSX,	07/11/2013 By: SPI AssurantHealthandEmployeeBenef
Previous Version						

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Rate/Rule Schedule Item Changes						
2	Rate Exhibits (excel).2013.07.10	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	CO 2014 Rate Exhibit_2013_06_07.P DF, CO 2014 Rate Exhibit_2013_06_07.X LSX,	07/10/2013 By: SPI AssurantHealthandEm ployeeBenef
Previous Version						
2	Rate Exhibits (excel).2013.06.27	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF, 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.XLS X,	06/27/2013 By: SPI AssurantHealthandEm ployeeBenef
Previous Version						
2	Rate Exhibits (excel)	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.PDF, 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.XLS,	06/06/2013 By: SPI AssurantHealthandEm ployeeBenef

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Sample Calculation (excel).2013.07.24
Comments:	
Attachment(s):	2014_01_01_CO Rate Sample 2013_07_24.PDF 2014_01_01_CO Rate Sample 2013_07_24.XLS
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample Calculation (excel)</i>
Comments:	
Attachment(s):	<i>2014_01_01_CO Rate Sample 2013_06_03.PDF 2014_01_01_CO Rate Sample 2013_06_03.XLS</i>
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_07_24.PDF
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_07_18.PDF</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_05_06.PDF</i>
Satisfied - Item:	Appendix C - Plan Portfolio.2013.07.24
Comments:	
Attachment(s):	2014_01_01 - CO Appendix C Plan Portfolio_2013_07_24.PDF
<i>Previous Version</i>	

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Satisfied - Item:	<i>Appendix C - Plan Portfolio</i>
Comments:	
Attachment(s):	<i>2014_01_01 CO Appendix C Plan Portfolio_2013_05_13.PDF</i>

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2014_01_01_CO_TIC_Unified_Rate_Review_Template.PDF 2014_01_01_CO_TIC_Unified_Rate_Review_Template.XLSX

Previous Version

Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>2014_01_01_CO_TIC_Unified_Rate_Review_Template.PDF 2014_01_01_CO_TIC_Unified_Rate_Review_Template.XLS</i>

Satisfied - Item:	Appendix D - AV Documentation.2013.07.24
Comments:	
Attachment(s):	2014_01_01_CO - Appendix D Plan Design AV Documentation CO_2013_07_24.PDF

Previous Version

Satisfied - Item:	<i>Appendix D - AV Documentation</i>
Comments:	
Attachment(s):	<i>2014_01_01 CO Appendix D AV Documentation_2013_05_13.PDF</i>

Satisfied - Item:	Rate Sample Calculation.2013.07.24
Comments:	
Attachment(s):	2014_01_01_CO Rate Sample 2013_07_24.PDF

Previous Version

Satisfied - Item:	<i>Rate Sample Calculation</i>
Comments:	

SERFF Tracking #:	ASWX-G129048379	State Tracking #:	278708	Company Tracking #:	ASWX-G129048379
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State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Attachment(s):	2014_01_01_CO Rate Sample 2013_06_03.PDF
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State: Colorado **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IM & GM EHB Products
Project Name/Number: IM & GM EHB Products/CO01626FI00064

Post Submission Update Request Processed On 06/26/2013

Status: Allowed
Created By: SPI AssurantHealthandEmployeeBenef
Processed By: Cathy Gilliland
Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	Review & Approval

Rate Information:

Field Name	Requested Change	Prior Value
Filing Method	File and Use	Prior Approval

Company Rate Information:

Company Name:Time Insurance Company

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	\$0	
# of Policy Holders Affected for this Program	0	
Written Premium for this Program	\$0	

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Form Schedule

Lead Form Number:									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Individual Major Medical	TIM14.BNP.CO	SCH	Revised	Previous Filing Number:		50.600	
						Replaced Form Number:			
2		Individual Major Market	TIM14.POL.CO, et al.	POL	Revised	Previous Filing Number:		50.800	
						Replaced Form Number:			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Time Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

State: Colorado **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: IM & GM EHB Products
Project Name/Number: IM & GM EHB Products/CO01626FI00064

Rate Review Detail

COMPANY:

Company Name: Time Insurance Company
HHS Issuer Id: 39060
Product Names: 2014 EHB IM PLAN
Trend Factors: No trend factors are included in this filing. An underlying base allowed trend of 10.5% was assumed in the pricing of this product.

FORMS:

New Policy Forms: TIM14.POL.CO
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 67,269,973.00
Projected Incurred Claims: 56,635,576.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Exhibits.2013.07.24	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01_CO 2014 Rate Exhibit_2013_07_24.PDF,
2		Rate Exhibits (excel).2013.07.24	TIM14.POL.CO	Other	Previous State Filing Number: Rate Action Other Explanation: New Product	2014_01_01_CO 2014 Rate Exhibit_2013_07_24.PDF, 2014_01_01_CO 2014 Rate Exhibit_2013_07_24.XLSX,

SERFF Tracking #:	ASWX-G129048379	State Tracking #:	278708	Company Tracking #:	ASWX-G129048379
<hr/>					
State:	Colorado	Filing Company:	Time Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	IM & GM EHB Products				
Project Name/Number:	IM & GM EHB Products/CO01626FI00064				

Attachment 2014_01_01_CO 2014 Rate Exhibit_2013_07_24.XLSX is not a PDF document and cannot be reproduced here.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Formula

Monthly Base Rate

* Age Curve Factor

* Plan Benefit Factor

* PPO Factor

* Area Factor

* Tobacco Factor

* Trend Factor

* Reinsurance Factor

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependent under age 21 will be charged a premium rate.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Age Curve Factor	1
* Plan Benefit Factor	0.592
* PPO Factor	0.888
* Area Factor	1.06
* Tobacco Factor	1
* Trend Factor	1
* Reinsurance Factor	0.867
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Base Factor

462.63

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AGE CURVE

<u>Attained</u>	
<u>Age</u>	<u>Age Curve</u>
0	0.635
1	0.635
2	0.635
3	0.635
4	0.635
5	0.635
6	0.635
7	0.635
8	0.635
9	0.635
10	0.635
11	0.635
12	0.635
13	0.635
14	0.635
15	0.635
16	0.635
17	0.635
18	0.635
19	0.635
20	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65	3.000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN BENEFIT FACTOR

<u>Plan Marketing Name</u>	<u>Metal Level</u>	<u>Network ID</u>	<u>Network Name</u>	<u>Component ID</u>	<u>Plan Benefit Factor</u>
Non 1-Ded Bronze 1	Bronze 1	CON001	ASA	39060CO0190001	0.592
Non 1-Ded Bronze 1	Bronze 1	CON002	GWH	39060CO0190010	0.592
Non 1-Ded Bronze 2	Bronze 2	CON001	ASA	39060CO0190019	0.613
Non 1-Ded Bronze 2	Bronze 2	CON002	GWH	39060CO0190020	0.613
Non 1-Ded Bronze 3	Bronze 3	CON001	ASA	39060CO0190002	0.616
Non 1-Ded Bronze 3	Bronze 3	CON002	GWH	39060CO0190011	0.616
Non 1-Ded Bronze 4	Bronze 4	CON001	ASA	39060CO0190021	0.609
Non 1-Ded Bronze 4	Bronze 4	CON002	GWH	39060CO0190023	0.609
Non 1-Ded Bronze 5	Bronze 5	CON001	ASA	39060CO0190022	0.618
Non 1-Ded Bronze 5	Bronze 5	CON002	GWH	39060CO0190024	0.618
Non 1-Ded Silver 1	Silver 1	CON001	ASA	39060CO0190003	0.709
Non 1-Ded Silver 1	Silver 1	CON002	GWH	39060CO0190012	0.709
Non 1-Ded Silver 2	Silver 2	CON001	ASA	39060CO0190025	0.728
Non 1-Ded Silver 2	Silver 2	CON002	GWH	39060CO0190029	0.728
Non 1-Ded Silver 3	Silver 3	CON001	ASA	39060CO0190004	0.723
Non 1-Ded Silver 3	Silver 3	CON002	GWH	39060CO0190013	0.723
Non 1-Ded Silver 4	Silver 4	CON001	ASA	39060CO0190026	0.737
Non 1-Ded Silver 4	Silver 4	CON002	GWH	39060CO0190030	0.737
Non 1-Ded Gold 1	Gold 1	CON001	ASA	39060CO0190005	0.851
Non 1-Ded Gold 1	Gold 1	CON002	GWH	39060CO0190014	0.851
Non 1-Ded Gold 2	Gold 2	CON001	ASA	39060CO0190027	0.882
Non 1-Ded Gold 2	Gold 2	CON002	GWH	39060CO0190031	0.882
Non 1-Ded Platinum 1	Platinum 1	CON001	ASA	39060CO0190006	1.014
Non 1-Ded Platinum 1	Platinum 1	CON002	GWH	39060CO0190015	1.014
Non 1-Ded Platinum 2	Platinum 2	CON001	ASA	39060CO0190028	1.013
Non 1-Ded Platinum 2	Platinum 2	CON002	GWH	39060CO0190032	1.013
Non 1-Ded Catastrophic 1	Catastrophic 1	CON001	ASA	39060CO0190007	0.482
Non 1-Ded Catastrophic 1	Catastrophic 1	CON002	GWH	39060CO0190016	0.482
1-Ded Bronze 1	Bronze 1	CON001	ASA	39060CO0190008	0.585
1-Ded Bronze 1	Bronze 1	CON002	GWH	39060CO0190017	0.585
1-Ded Bronze 2	Bronze 2	CON001	ASA	39060CO0190009	0.589
1-Ded Bronze 2	Bronze 2	CON002	GWH	39060CO0190018	0.589

[illegible]

CO	CON001	ASA	CO - Rating Area 8	39060CO00190002	Non 1-Deed Bronze 3	Bronze 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190001	Non 1-Deed Bronze 4	Bronze 4	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190022	Non 1-Deed Bronze 5	Bronze 5	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190003	Non 1-Deed Silver 1	Silver 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190025	Non 1-Deed Silver 2	Silver 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190024	Non 1-Deed Silver 3	Silver 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190026	Non 1-Deed Silver 4	Silver 4	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190005	Non 1-Deed Gold 1	Gold 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190027	Non 1-Deed Gold 2	Gold 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190006	Non 1-Deed Platinum 1	Platinum 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190028	Non 1-Deed Platinum 2	Platinum 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190007	Non 1-Deed Catastrophic 1	Catastrophic 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190008	1-Deed Bronze 1	Bronze 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO00190009	1-Deed Bronze 2	Bronze 2	1.086
CO	CON001	ASA	CO - Rating Area 9	39060CO00190001	Non 1-Deed Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190019	Non 1-Deed Bronze 2	Bronze 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190023	Non 1-Deed Bronze 3	Bronze 3	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190021	Non 1-Deed Bronze 4	Bronze 4	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190022	Non 1-Deed Bronze 5	Bronze 5	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190003	Non 1-Deed Silver 1	Silver 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190025	Non 1-Deed Silver 2	Silver 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190024	Non 1-Deed Silver 3	Silver 3	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190026	Non 1-Deed Silver 4	Silver 4	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190005	Non 1-Deed Gold 1	Gold 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190027	Non 1-Deed Gold 2	Gold 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190006	Non 1-Deed Platinum 1	Platinum 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190028	Non 1-Deed Platinum 2	Platinum 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190007	Non 1-Deed Catastrophic 1	Catastrophic 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190008	1-Deed Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO00190009	1-Deed Bronze 2	Bronze 2	1.104
CO	CON001	ASA	CO - Rating Area 10	39060CO00190001	Non 1-Deed Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190019	Non 1-Deed Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190002	Non 1-Deed Bronze 3	Bronze 3	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190021	Non 1-Deed Bronze 4	Bronze 4	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190022	Non 1-Deed Bronze 5	Bronze 5	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190003	Non 1-Deed Silver 1	Silver 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190025	Non 1-Deed Silver 2	Silver 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190024	Non 1-Deed Silver 3	Silver 3	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190026	Non 1-Deed Silver 4	Silver 4	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190005	Non 1-Deed Gold 1	Gold 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190027	Non 1-Deed Gold 2	Gold 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190006	Non 1-Deed Platinum 1	Platinum 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190028	Non 1-Deed Platinum 2	Platinum 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190007	Non 1-Deed Catastrophic 1	Catastrophic 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190008	1-Deed Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO00190009	1-Deed Bronze 2	Bronze 2	1.163
CO	CON002	GWH	CO - Rating Area 1	39060CO00190010	Non 1-Deed Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190020	Non 1-Deed Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190011	Non 1-Deed Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190023	Non 1-Deed Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190024	Non 1-Deed Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190012	Non 1-Deed Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190029	Non 1-Deed Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190013	Non 1-Deed Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190030	Non 1-Deed Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190014	Non 1-Deed Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190031	Non 1-Deed Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190015	Non 1-Deed Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190032	Non 1-Deed Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190016	Non 1-Deed Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190017	1-Deed Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO00190018	1-Deed Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190010	Non 1-Deed Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190020	Non 1-Deed Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190011	Non 1-Deed Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190023	Non 1-Deed Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190024	Non 1-Deed Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190012	Non 1-Deed Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190029	Non 1-Deed Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190013	Non 1-Deed Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190030	Non 1-Deed Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190014	Non 1-Deed Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190031	Non 1-Deed Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190015	Non 1-Deed Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190032	Non 1-Deed Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190016	Non 1-Deed Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190017	1-Deed Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO00190018	1-Deed Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190010	Non 1-Deed Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190020	Non 1-Deed Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190011	Non 1-Deed Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190023	Non 1-Deed Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190024	Non 1-Deed Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190012	Non 1-Deed Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190029	Non 1-Deed Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190013	Non 1-Deed Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190030	Non 1-Deed Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190014	Non 1-Deed Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190031	Non 1-Deed Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190015	Non 1-Deed Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190032	Non 1-Deed Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190016	Non 1-Deed Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190017	1-Deed Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO00190018	1-Deed Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 4	39060CO00190010	Non 1-Deed Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190020	Non 1-Deed Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190011	Non 1-Deed Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190023	Non 1-Deed Bronze 4	Bronze 4	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190024	Non 1-Deed Bronze 5	Bronze 5	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190012	Non 1-Deed Silver 1	Silver 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190029	Non 1-Deed Silver 2	Silver 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190013	Non 1-Deed Silver 3	Silver 3	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190030	Non 1-Deed Silver 4	Silver 4	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190014	Non 1-Deed Gold 1	Gold 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190031	Non 1-Deed Gold 2	Gold 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190015	Non 1-Deed Platinum 1	Platinum 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190032	Non 1-Deed Platinum 2	Platinum 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190016	Non 1-Deed Catastrophic 1	Catastrophic 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190017	1-Deed Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO00190018	1-Deed Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190010	Non 1-Deed Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190020	Non 1-Deed Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190011	Non 1-Deed Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190023	Non 1-Deed Bronze 4	Bronze 4	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190024	Non 1-Deed Bronze 5	Bronze 5	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190012	Non 1-Deed Silver 1	Silver 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190029	Non 1-Deed Silver 2	Silver 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190013	Non 1-Deed Silver 3	Silver 3	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190030	Non 1-Deed Silver 4	Silver 4	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190014	Non 1-Deed Gold 1	Gold 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190031	Non 1-Deed Gold 2	Gold 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190015	Non 1-Deed Platinum 1	Platinum 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO00190032	Non 1-Deed Platinum 2	Platinum 2	1.304

[illegible]

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS**

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO

Rate Formula

Monthly Base Rate

* Age Curve Factor

* Plan Benefit Factor

* PPO Factor

* Area Factor

* Tobacco Factor

* Trend Factor

* Reinsurance Factor

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependents under age 21 will be charged a premium rate.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Age Curve Factor	1
* Plan Benefit Factor	0.592
* PPO Factor	0.888
* Area Factor	1.06
* Tobacco Factor	1
* Trend Factor	1
* Reinsurance Factor	0.867
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Base Factor

462.63

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AGE CURVE

<u>Attained</u>	
<u>Age</u>	<u>Age Curve</u>
0	0.635
1	0.635
2	0.635
3	0.635
4	0.635
5	0.635
6	0.635
7	0.635
8	0.635
9	0.635
10	0.635
11	0.635
12	0.635
13	0.635
14	0.635
15	0.635
16	0.635
17	0.635
18	0.635
19	0.635
20	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65	3.000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN BENEFIT FACTOR

<u>Plan Marketing Name</u>	<u>Metal Level</u>	<u>Network ID</u>	<u>Network Name</u>	<u>Component ID</u>	<u>Plan Benefit Factor</u>
Non 1-Ded Bronze 1	Bronze 1	CON001	ASA	39060CO0190001	0.592
Non 1-Ded Bronze 1	Bronze 1	CON002	GWH	39060CO0190010	0.592
Non 1-Ded Bronze 2	Bronze 2	CON001	ASA	39060CO0190019	0.613
Non 1-Ded Bronze 2	Bronze 2	CON002	GWH	39060CO0190020	0.613
Non 1-Ded Bronze 3	Bronze 3	CON001	ASA	39060CO0190002	0.616
Non 1-Ded Bronze 3	Bronze 3	CON002	GWH	39060CO0190011	0.616
Non 1-Ded Bronze 4	Bronze 4	CON001	ASA	39060CO0190021	0.609
Non 1-Ded Bronze 4	Bronze 4	CON002	GWH	39060CO0190023	0.609
Non 1-Ded Bronze 5	Bronze 5	CON001	ASA	39060CO0190022	0.618
Non 1-Ded Bronze 5	Bronze 5	CON002	GWH	39060CO0190024	0.618
Non 1-Ded Silver 1	Silver 1	CON001	ASA	39060CO0190003	0.709
Non 1-Ded Silver 1	Silver 1	CON002	GWH	39060CO0190012	0.709
Non 1-Ded Silver 2	Silver 2	CON001	ASA	39060CO0190025	0.728
Non 1-Ded Silver 2	Silver 2	CON002	GWH	39060CO0190029	0.728
Non 1-Ded Silver 3	Silver 3	CON001	ASA	39060CO0190004	0.723
Non 1-Ded Silver 3	Silver 3	CON002	GWH	39060CO0190013	0.723
Non 1-Ded Silver 4	Silver 4	CON001	ASA	39060CO0190026	0.737
Non 1-Ded Silver 4	Silver 4	CON002	GWH	39060CO0190030	0.737
Non 1-Ded Gold 1	Gold 1	CON001	ASA	39060CO0190005	0.851
Non 1-Ded Gold 1	Gold 1	CON002	GWH	39060CO0190014	0.851
Non 1-Ded Gold 2	Gold 2	CON001	ASA	39060CO0190027	0.882
Non 1-Ded Gold 2	Gold 2	CON002	GWH	39060CO0190031	0.882
Non 1-Ded Platinum 1	Platinum 1	CON001	ASA	39060CO0190006	1.014
Non 1-Ded Platinum 1	Platinum 1	CON002	GWH	39060CO0190015	1.014
Non 1-Ded Platinum 2	Platinum 2	CON001	ASA	39060CO0190028	1.013
Non 1-Ded Platinum 2	Platinum 2	CON002	GWH	39060CO0190032	1.013
Non 1-Ded Catastrophic 1	Catastrophic 1	CON001	ASA	39060CO0190007	0.482
Non 1-Ded Catastrophic 1	Catastrophic 1	CON002	GWH	39060CO0190016	0.482
1-Ded Bronze 1	Bronze 1	CON001	ASA	39060CO0190008	0.585
1-Ded Bronze 1	Bronze 1	CON002	GWH	39060CO0190017	0.585
1-Ded Bronze 2	Bronze 2	CON001	ASA	39060CO0190009	0.589
1-Ded Bronze 2	Bronze 2	CON002	GWH	39060CO0190018	0.589

[illegible]

CO	CON001	ASA	CO - Rating Area 8	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190003	Non 1-Ded Silver 2	Silver 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190025	Non 1-Ded Silver 3	Silver 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190009	Non 1-Ded Bronze 2	Bronze 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190009	Non 1-Ded Bronze 2	Bronze 2	1.113
CO	CON001	ASA	CO - Rating Area 10	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190009	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190009	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON002	GWH	CO - Rating Area 1	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190012	Non 1-Ded Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190029	Non 1-Ded Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190013	Non 1-Ded Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190030	Non 1-Ded Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190014	Non 1-Ded Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190031	Non 1-Ded Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190017	1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190018	1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190012	Non 1-Ded Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190029	Non 1-Ded Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190013	Non 1-Ded Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190030	Non 1-Ded Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190014	Non 1-Ded Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190031	Non 1-Ded Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190017	1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190018	1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190012	Non 1-Ded Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190029	Non 1-Ded Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190013	Non 1-Ded Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190030	Non 1-Ded Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190014	Non 1-Ded Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190031	Non 1-Ded Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190017	1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190018	1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 4	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190012	Non 1-Ded Silver 1	Silver 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190029	Non 1-Ded Silver 2	Silver 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190013	Non 1-Ded Silver 3	Silver 3	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190030	Non 1-Ded Silver 4	Silver 4	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190014	Non 1-Ded Gold 1	Gold 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190031	Non 1-Ded Gold 2	Gold 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190017	1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190018	1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190012	Non 1-Ded Silver 1	Silver 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190029	Non 1-Ded Silver 2	Silver 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190013	Non 1-Ded Silver 3	Silver 3	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190030	Non 1-Ded Silver 4	Silver 4	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190014	Non 1-Ded Gold 1	Gold 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190031	Non 1-Ded Gold 2	Gold 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190017	1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190018	1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190019	Non 1-Ded Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.304
CO	CON002	GWH</					

[illegible]

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Supporting Document Schedules

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Rate Sample Calculation (excel).2013.07.24
Comments:	
Attachment(s):	2014_01_01_CO Rate Sample 2013_07_24.PDF 2014_01_01_CO Rate Sample 2013_07_24.XLS
Item Status:	
Status Date:	

Satisfied - Item:	Appendix A - Rate Development
Comments:	
Attachment(s):	2014_01_01 CO Appendix A Base Rate Development_2013_05_13.PDF
Item Status:	
Status Date:	

Satisfied - Item:	CO Actuarial Memorandum
Comments:	
Attachment(s):	2014_01_01_CO Actuarial Memo - PDF Version_2013_06_05.PDF
Item Status:	
Status Date:	

Satisfied - Item:	CO Actuarial Memorandum (excel)
Comments:	
Attachment(s):	2014_01_01_CO Actuarial Memo - Excel Version_2013_06_05.PDF 2014_01_01_CO Actuarial Memo - Excel Version_2013_06_05.XLS
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Satisfied - Item:	Part II - Written Explanation of Rate Increase
Comments:	
Attachment(s):	Part II Written Explanation of the Rate Increase_2013_06_06.PDF
Item Status:	
Status Date:	
Satisfied - Item:	Appendix E - Projection
Comments:	
Attachment(s):	2014_01_01 CO Appendix E - Projection_2013_05_13.PDF
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_07_24.PDF
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	2014_01_01_CO Actuarial Certification_2013_06_06.PDF
Item Status:	
Status Date:	
Satisfied - Item:	Appendix F - Smoker Factor Support
Comments:	
Attachment(s):	2014_01_01_CO Appendix F Smoker Factor Support_2013_06_06.PDF
Item Status:	
Status Date:	
Satisfied - Item:	Appendix G - Area Factor Support
Comments:	

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Attachment(s):	2014_01_01_CO Appendix G Area Factor Support_2013_06_06.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Appendix B - Trend Summary
Comments:	
Attachment(s):	2014_01_01 CO Appendix B Trend Summary_2013_04_30.PDF
Item Status:	
Status Date:	

Satisfied - Item:	HR-1 Form (H)
Comments:	
Attachment(s):	2014_01_01_CO - HR-1 Updated - TIC_2013_05_13.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Appendix C - Plan Portfolio.2013.07.24
Comments:	
Attachment(s):	2014_01_01 - CO Appendix C Plan Portfolio_2013_07_24.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2014_01_01_CO_TIC_Unified_Rate_Review_Template.PDF 2014_01_01_CO_TIC_Unified_Rate_Review_Template.XLSX
Item Status:	
Status Date:	

Satisfied - Item:	Appendix D - AV Documentation.2013.07.24
Comments:	
Attachment(s):	2014_01_01_CO - Appendix D Plan Design AV Documentation CO_2013_07_24.PDF
Item Status:	

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2014_01_01 CO TIC Cover Letter_2013_05_13.PDF
Item Status:	
Status Date:	
Satisfied - Item:	CO Actuarial Memorandum - Main.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO Actuarial Memo_2013_07_18.PDF
Item Status:	
Status Date:	
Satisfied - Item:	Rate Sample Calculation.2013.07.24
Comments:	
Attachment(s):	2014_01_01_CO Rate Sample 2013_07_24.PDF
Item Status:	
Status Date:	
Satisfied - Item:	SBC Supplement for Bronze
Comments:	
Attachment(s):	2014_01_01_CO TIC SBC Supplement for Bronze 1_5_13_13.PDF
Item Status:	
Status Date:	
Satisfied - Item:	Bronze 1 SBC
Comments:	
Attachment(s):	2014_01_01_TIC IM Bronze 1 SBC - CO_5_13_13.PDF
Item Status:	
Status Date:	
Satisfied - Item:	Objection Response.2013.06.18

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_06_11.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Objection Response.2013.06.27
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_06_26.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Objection Response.2013.07.10
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_03.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Objection Response.2013.07.11
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_11.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Objection Response.2013.07.19
Comments:	
Attachment(s):	2014_01_01_CO TIC EHB Objection Response_2013_07_18.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Tax Exhibit - 2012 SHCE
Comments:	
Attachment(s):	CO Tax Exhibit - 2012 SHCE_2013_07_18.PDF
Item Status:	

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Status Date:	
Satisfied - Item:	Consumer Retention Exhibit
Comments:	
Attachment(s):	Consumer Retention Exhibit_2013_07_18.PDF Consumer Retention Exhibit_2013_07_18.XLSX
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Attachment 2014_01_01_CO Rate Sample 2013_07_24.XLS is not a PDF document and cannot be reproduced here.

Attachment 2014_01_01_CO Actuarial Memo - Excel Version_2013_06_05.XLS is not a PDF document and cannot be reproduced here.

Attachment 2014_01_01_CO_TIC_Unified_Rate_Review_Template.XLSX is not a PDF document and cannot be reproduced here.

Attachment Consumer Retention Exhibit_2013_07_18.XLSX is not a PDF document and cannot be reproduced here.

Sequence	Zip	Effective Date	Plan	Network	Modal Premium
1	80026	1/1/2014	1-Ded Bronze 1	ASA	Monthly
2	80813	1/1/2014	1-Ded Bronze 1	ASA	Monthly
3	80002	1/1/2014	1-Ded Bronze 1	ASA	Monthly
4	80515	1/1/2014	1-Ded Bronze 1	ASA	Monthly
5	81501	1/1/2014	1-Ded Bronze 1	ASA	Monthly
6	80520	1/1/2014	1-Ded Bronze 1	ASA	Monthly
7	81001	1/1/2014	1-Ded Bronze 1	ASA	Monthly
8	81101	1/1/2014	1-Ded Bronze 1	ASA	Monthly
9	80722	1/1/2014	1-Ded Bronze 1	ASA	Monthly
10	81121	1/1/2014	1-Ded Bronze 1	ASA	Monthly
11	80423	1/1/2014	1-Ded Bronze 1	ASA	Monthly
12	80026	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
13	80813	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
14	80002	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
15	80515	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
16	81501	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
17	80520	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
18	81001	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
19	81101	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
20	80722	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
21	81121	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
22	80423	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
23	80026	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
24	80813	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
25	80002	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
26	80515	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
27	81501	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
28	80520	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
29	81001	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
30	81101	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
31	80722	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
32	81121	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
33	80423	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
34	80026	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
35	80813	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
36	80002	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
37	80515	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
38	81501	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
39	80520	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
40	81001	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
41	81101	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
42	80722	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
43	81121	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly

44	80423	1/1/2014 Non 1-Ded Silver 4	ASA	Monthly
45	80026	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
46	80813	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
47	80002	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
48	80515	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
49	81501	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
50	80520	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
51	81001	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
52	81101	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
53	80722	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
54	81121	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
55	80423	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
56	80026	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
57	80813	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
58	80002	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
59	80515	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
60	81501	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
61	80520	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
62	81001	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
63	81101	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
64	80722	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
65	81121	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
66	80423	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
67	80026	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
68	80813	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
69	80002	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
70	80515	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
71	81501	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
72	80520	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
73	81001	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
74	81101	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
75	80722	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
76	81121	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
77	80423	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
78	80026	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
79	80813	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
80	80002	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
81	80515	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
82	81501	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
83	80520	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
84	81001	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
85	81101	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
86	80722	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
87	81121	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
88	80423	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
89	80026	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
90	80813	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly

91	80002	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
92	80515	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
93	81501	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
94	80520	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
95	81001	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
96	81101	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
97	80722	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
98	81121	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
99	80423	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
100	80026	41640 1-Ded Bronze 1	GWH	Monthly
101	80813	41640 1-Ded Bronze 1	GWH	Monthly
102	80002	41640 1-Ded Bronze 1	GWH	Monthly
103	80515	41640 1-Ded Bronze 1	GWH	Monthly
104	81501	41640 1-Ded Bronze 1	GWH	Monthly
105	80520	41640 1-Ded Bronze 1	GWH	Monthly
106	81001	41640 1-Ded Bronze 1	GWH	Monthly
107	81101	41640 1-Ded Bronze 1	GWH	Monthly
108	80722	41640 1-Ded Bronze 1	GWH	Monthly
109	81121	41640 1-Ded Bronze 1	GWH	Monthly
110	80423	41640 1-Ded Bronze 1	GWH	Monthly
111	80026	41640 Non 1-Ded Bronze 5	GWH	Monthly
112	80813	41640 Non 1-Ded Bronze 5	GWH	Monthly
113	80002	41640 Non 1-Ded Bronze 5	GWH	Monthly
114	80515	41640 Non 1-Ded Bronze 5	GWH	Monthly
115	81501	41640 Non 1-Ded Bronze 5	GWH	Monthly
116	80520	41640 Non 1-Ded Bronze 5	GWH	Monthly
117	81001	41640 Non 1-Ded Bronze 5	GWH	Monthly
118	81101	41640 Non 1-Ded Bronze 5	GWH	Monthly
119	80722	41640 Non 1-Ded Bronze 5	GWH	Monthly
120	81121	41640 Non 1-Ded Bronze 5	GWH	Monthly
121	80423	41640 Non 1-Ded Bronze 5	GWH	Monthly
122	80026	41640 Non 1-Ded Silver 1	GWH	Monthly
123	80813	41640 Non 1-Ded Silver 1	GWH	Monthly
124	80002	41640 Non 1-Ded Silver 1	GWH	Monthly
125	80515	41640 Non 1-Ded Silver 1	GWH	Monthly
126	81501	41640 Non 1-Ded Silver 1	GWH	Monthly
127	80520	41640 Non 1-Ded Silver 1	GWH	Monthly
128	81001	41640 Non 1-Ded Silver 1	GWH	Monthly
129	81101	41640 Non 1-Ded Silver 1	GWH	Monthly
130	80722	41640 Non 1-Ded Silver 1	GWH	Monthly
131	81121	41640 Non 1-Ded Silver 1	GWH	Monthly
132	80423	41640 Non 1-Ded Silver 1	GWH	Monthly
133	80026	41640 Non 1-Ded Silver 4	GWH	Monthly
134	80813	41640 Non 1-Ded Silver 4	GWH	Monthly
135	80002	41640 Non 1-Ded Silver 4	GWH	Monthly
136	80515	41640 Non 1-Ded Silver 4	GWH	Monthly
137	81501	41640 Non 1-Ded Silver 4	GWH	Monthly

138 80520	41640 Non 1-Ded Silver 4	GWH	Monthly
139 81001	41640 Non 1-Ded Silver 4	GWH	Monthly
140 81101	41640 Non 1-Ded Silver 4	GWH	Monthly
141 80722	41640 Non 1-Ded Silver 4	GWH	Monthly
142 81121	41640 Non 1-Ded Silver 4	GWH	Monthly
143 80423	41640 Non 1-Ded Silver 4	GWH	Monthly
144 80026	41640 Non 1-Ded Gold 1	GWH	Monthly
145 80813	41640 Non 1-Ded Gold 1	GWH	Monthly
146 80002	41640 Non 1-Ded Gold 1	GWH	Monthly
147 80515	41640 Non 1-Ded Gold 1	GWH	Monthly
148 81501	41640 Non 1-Ded Gold 1	GWH	Monthly
149 80520	41640 Non 1-Ded Gold 1	GWH	Monthly
150 81001	41640 Non 1-Ded Gold 1	GWH	Monthly
151 81101	41640 Non 1-Ded Gold 1	GWH	Monthly
152 80722	41640 Non 1-Ded Gold 1	GWH	Monthly
153 81121	41640 Non 1-Ded Gold 1	GWH	Monthly
154 80423	41640 Non 1-Ded Gold 1	GWH	Monthly
155 80026	41640 Non 1-Ded Gold 2	GWH	Monthly
156 80813	41640 Non 1-Ded Gold 2	GWH	Monthly
157 80002	41640 Non 1-Ded Gold 2	GWH	Monthly
158 80515	41640 Non 1-Ded Gold 2	GWH	Monthly
159 81501	41640 Non 1-Ded Gold 2	GWH	Monthly
160 80520	41640 Non 1-Ded Gold 2	GWH	Monthly
161 81001	41640 Non 1-Ded Gold 2	GWH	Monthly
162 81101	41640 Non 1-Ded Gold 2	GWH	Monthly
163 80722	41640 Non 1-Ded Gold 2	GWH	Monthly
164 81121	41640 Non 1-Ded Gold 2	GWH	Monthly
165 80423	41640 Non 1-Ded Gold 2	GWH	Monthly
166 80026	41640 Non 1-Ded Platinum 2	GWH	Monthly
167 80813	41640 Non 1-Ded Platinum 2	GWH	Monthly
168 80002	41640 Non 1-Ded Platinum 2	GWH	Monthly
169 80515	41640 Non 1-Ded Platinum 2	GWH	Monthly
170 81501	41640 Non 1-Ded Platinum 2	GWH	Monthly
171 80520	41640 Non 1-Ded Platinum 2	GWH	Monthly
172 81001	41640 Non 1-Ded Platinum 2	GWH	Monthly
173 81101	41640 Non 1-Ded Platinum 2	GWH	Monthly
174 80722	41640 Non 1-Ded Platinum 2	GWH	Monthly
175 81121	41640 Non 1-Ded Platinum 2	GWH	Monthly
176 80423	41640 Non 1-Ded Platinum 2	GWH	Monthly
177 80026	41640 Non 1-Ded Platinum 1	GWH	Monthly
178 80813	41640 Non 1-Ded Platinum 1	GWH	Monthly
179 80002	41640 Non 1-Ded Platinum 1	GWH	Monthly
180 80515	41640 Non 1-Ded Platinum 1	GWH	Monthly
181 81501	41640 Non 1-Ded Platinum 1	GWH	Monthly
182 80520	41640 Non 1-Ded Platinum 1	GWH	Monthly
183 81001	41640 Non 1-Ded Platinum 1	GWH	Monthly
184 81101	41640 Non 1-Ded Platinum 1	GWH	Monthly

185 80722	41640 Non 1-Ded Platinum 1	GWH	Monthly
186 81121	41640 Non 1-Ded Platinum 1	GWH	Monthly
187 80423	41640 Non 1-Ded Platinum 1	GWH	Monthly
188 80026	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
189 80813	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
190 80002	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
191 80515	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
192 81501	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
193 80520	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
194 81001	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
195 81101	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
196 80722	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
197 81121	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
198 80423	41640 Non 1-Ded Catastrophic 1	GWH	Monthly

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40 N/A

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Dep10 Dep11 Dep12 Dep13 Dep14 Dep15 Dep16 Dep17 Dep18 Dep19 Dep20

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Dep5 Tobacco Dep6 Tobacco Dep7 Tobacco Dep8 Tobacco Dep9 Tobacco Dep10 Tobacco

Dep11 Tobacco Dep12 Tobacco Dep13 Tobacco Dep14 Tobacco Dep15 Tobacco Dep16 Tobacco

Dep17 Tobacco Dep18 Tobacco Dep19 Tobacco Dep20 Tobacco

Sequence	Grand Total	Primary	Spouse	Dep1	Dep2	Dep3	Dep4	Dep5
1	282.27	282.27	0.00	0.00	0.00	0.00	0.00	0.00
2	231.68	231.68	0.00	0.00	0.00	0.00	0.00	0.00
3	284.93	284.93	0.00	0.00	0.00	0.00	0.00	0.00
4	310.39	310.39	0.00	0.00	0.00	0.00	0.00	0.00
5	289.47	289.47	0.00	0.00	0.00	0.00	0.00	0.00
6	288.04	288.04	0.00	0.00	0.00	0.00	0.00	0.00
7	335.45	335.45	0.00	0.00	0.00	0.00	0.00	0.00
8	312.64	312.64	0.00	0.00	0.00	0.00	0.00	0.00
9	344.31	344.31	0.00	0.00	0.00	0.00	0.00	0.00
10	338.29	338.29	0.00	0.00	0.00	0.00	0.00	0.00
11	362.70	362.70	0.00	0.00	0.00	0.00	0.00	0.00
12	298.20	298.20	0.00	0.00	0.00	0.00	0.00	0.00
13	244.74	244.74	0.00	0.00	0.00	0.00	0.00	0.00
14	301.01	301.01	0.00	0.00	0.00	0.00	0.00	0.00
15	327.90	327.90	0.00	0.00	0.00	0.00	0.00	0.00
16	305.79	305.79	0.00	0.00	0.00	0.00	0.00	0.00
17	304.28	304.28	0.00	0.00	0.00	0.00	0.00	0.00
18	354.36	354.36	0.00	0.00	0.00	0.00	0.00	0.00
19	330.29	330.29	0.00	0.00	0.00	0.00	0.00	0.00
20	363.73	363.73	0.00	0.00	0.00	0.00	0.00	0.00
21	357.37	357.37	0.00	0.00	0.00	0.00	0.00	0.00
22	383.17	383.17	0.00	0.00	0.00	0.00	0.00	0.00
23	341.93	341.93	0.00	0.00	0.00	0.00	0.00	0.00
24	280.64	280.64	0.00	0.00	0.00	0.00	0.00	0.00
25	345.15	345.15	0.00	0.00	0.00	0.00	0.00	0.00
26	376.00	376.00	0.00	0.00	0.00	0.00	0.00	0.00
27	350.64	350.64	0.00	0.00	0.00	0.00	0.00	0.00
28	348.91	348.91	0.00	0.00	0.00	0.00	0.00	0.00
29	406.33	406.33	0.00	0.00	0.00	0.00	0.00	0.00
30	378.71	378.71	0.00	0.00	0.00	0.00	0.00	0.00
31	417.09	417.09	0.00	0.00	0.00	0.00	0.00	0.00
32	409.79	409.79	0.00	0.00	0.00	0.00	0.00	0.00
33	439.36	439.36	0.00	0.00	0.00	0.00	0.00	0.00
34	355.85	355.85	0.00	0.00	0.00	0.00	0.00	0.00
35	292.05	292.05	0.00	0.00	0.00	0.00	0.00	0.00
36	359.19	359.19	0.00	0.00	0.00	0.00	0.00	0.00
37	391.29	391.29	0.00	0.00	0.00	0.00	0.00	0.00
38	364.92	364.92	0.00	0.00	0.00	0.00	0.00	0.00
39	363.09	363.09	0.00	0.00	0.00	0.00	0.00	0.00
40	422.86	422.86	0.00	0.00	0.00	0.00	0.00	0.00
41	394.12	394.12	0.00	0.00	0.00	0.00	0.00	0.00
42	434.05	434.05	0.00	0.00	0.00	0.00	0.00	0.00
43	426.47	426.47	0.00	0.00	0.00	0.00	0.00	0.00

44	457.24	457.24	0.00	0.00	0.00	0.00	0.00	0.00
45	410.62	410.62	0.00	0.00	0.00	0.00	0.00	0.00
46	337.02	337.02	0.00	0.00	0.00	0.00	0.00	0.00
47	414.49	414.49	0.00	0.00	0.00	0.00	0.00	0.00
48	451.53	451.53	0.00	0.00	0.00	0.00	0.00	0.00
49	421.09	421.09	0.00	0.00	0.00	0.00	0.00	0.00
50	419.01	419.01	0.00	0.00	0.00	0.00	0.00	0.00
51	487.98	487.98	0.00	0.00	0.00	0.00	0.00	0.00
52	454.81	454.81	0.00	0.00	0.00	0.00	0.00	0.00
53	500.89	500.89	0.00	0.00	0.00	0.00	0.00	0.00
54	492.12	492.12	0.00	0.00	0.00	0.00	0.00	0.00
55	527.65	527.65	0.00	0.00	0.00	0.00	0.00	0.00
56	425.75	425.75	0.00	0.00	0.00	0.00	0.00	0.00
57	349.44	349.44	0.00	0.00	0.00	0.00	0.00	0.00
58	429.75	429.75	0.00	0.00	0.00	0.00	0.00	0.00
59	468.17	468.17	0.00	0.00	0.00	0.00	0.00	0.00
60	436.60	436.60	0.00	0.00	0.00	0.00	0.00	0.00
61	434.42	434.42	0.00	0.00	0.00	0.00	0.00	0.00
62	505.95	505.95	0.00	0.00	0.00	0.00	0.00	0.00
63	471.57	471.57	0.00	0.00	0.00	0.00	0.00	0.00
64	519.32	519.32	0.00	0.00	0.00	0.00	0.00	0.00
65	510.25	510.25	0.00	0.00	0.00	0.00	0.00	0.00
66	547.07	547.07	0.00	0.00	0.00	0.00	0.00	0.00
67	488.85	488.85	0.00	0.00	0.00	0.00	0.00	0.00
68	401.23	401.23	0.00	0.00	0.00	0.00	0.00	0.00
69	493.47	493.47	0.00	0.00	0.00	0.00	0.00	0.00
70	537.57	537.57	0.00	0.00	0.00	0.00	0.00	0.00
71	501.32	501.32	0.00	0.00	0.00	0.00	0.00	0.00
72	498.83	498.83	0.00	0.00	0.00	0.00	0.00	0.00
73	580.94	580.94	0.00	0.00	0.00	0.00	0.00	0.00
74	541.46	541.46	0.00	0.00	0.00	0.00	0.00	0.00
75	596.30	596.30	0.00	0.00	0.00	0.00	0.00	0.00
76	585.89	585.89	0.00	0.00	0.00	0.00	0.00	0.00
77	628.16	628.16	0.00	0.00	0.00	0.00	0.00	0.00
78	489.41	489.41	0.00	0.00	0.00	0.00	0.00	0.00
79	401.68	401.68	0.00	0.00	0.00	0.00	0.00	0.00
80	494.02	494.02	0.00	0.00	0.00	0.00	0.00	0.00
81	538.18	538.18	0.00	0.00	0.00	0.00	0.00	0.00
82	501.90	501.90	0.00	0.00	0.00	0.00	0.00	0.00
83	499.39	499.39	0.00	0.00	0.00	0.00	0.00	0.00
84	581.61	581.61	0.00	0.00	0.00	0.00	0.00	0.00
85	542.08	542.08	0.00	0.00	0.00	0.00	0.00	0.00
86	596.97	596.97	0.00	0.00	0.00	0.00	0.00	0.00
87	586.55	586.55	0.00	0.00	0.00	0.00	0.00	0.00
88	628.88	628.88	0.00	0.00	0.00	0.00	0.00	0.00
89	232.76	232.76	0.00	0.00	0.00	0.00	0.00	0.00
90	191.05	191.05	0.00	0.00	0.00	0.00	0.00	0.00

91	234.96	234.96	0.00	0.00	0.00	0.00	0.00	0.00
92	255.97	255.97	0.00	0.00	0.00	0.00	0.00	0.00
93	238.70	238.70	0.00	0.00	0.00	0.00	0.00	0.00
94	237.52	237.52	0.00	0.00	0.00	0.00	0.00	0.00
95	276.61	276.61	0.00	0.00	0.00	0.00	0.00	0.00
96	257.81	257.81	0.00	0.00	0.00	0.00	0.00	0.00
97	283.93	283.93	0.00	0.00	0.00	0.00	0.00	0.00
98	278.96	278.96	0.00	0.00	0.00	0.00	0.00	0.00
99	299.10	299.10	0.00	0.00	0.00	0.00	0.00	0.00
100	284.80	284.80	0.00	0.00	0.00	0.00	0.00	0.00
101	233.76	233.76	0.00	0.00	0.00	0.00	0.00	0.00
102	287.49	287.49	0.00	0.00	0.00	0.00	0.00	0.00
103	348.02	348.02	0.00	0.00	0.00	0.00	0.00	0.00
104	324.56	324.56	0.00	0.00	0.00	0.00	0.00	0.00
105	293.76	293.76	0.00	0.00	0.00	0.00	0.00	0.00
106	334.81	334.81	0.00	0.00	0.00	0.00	0.00	0.00
107	312.06	312.06	0.00	0.00	0.00	0.00	0.00	0.00
108	351.17	351.17	0.00	0.00	0.00	0.00	0.00	0.00
109	379.30	379.30	0.00	0.00	0.00	0.00	0.00	0.00
110	406.69	406.69	0.00	0.00	0.00	0.00	0.00	0.00
111	300.88	300.88	0.00	0.00	0.00	0.00	0.00	0.00
112	246.96	246.96	0.00	0.00	0.00	0.00	0.00	0.00
113	303.72	303.72	0.00	0.00	0.00	0.00	0.00	0.00
114	367.67	367.67	0.00	0.00	0.00	0.00	0.00	0.00
115	342.87	342.87	0.00	0.00	0.00	0.00	0.00	0.00
116	310.34	310.34	0.00	0.00	0.00	0.00	0.00	0.00
117	353.71	353.71	0.00	0.00	0.00	0.00	0.00	0.00
118	329.67	329.67	0.00	0.00	0.00	0.00	0.00	0.00
119	370.98	370.98	0.00	0.00	0.00	0.00	0.00	0.00
120	400.72	400.72	0.00	0.00	0.00	0.00	0.00	0.00
121	429.63	429.63	0.00	0.00	0.00	0.00	0.00	0.00
122	345.00	345.00	0.00	0.00	0.00	0.00	0.00	0.00
123	283.15	283.15	0.00	0.00	0.00	0.00	0.00	0.00
124	348.26	348.26	0.00	0.00	0.00	0.00	0.00	0.00
125	421.59	421.59	0.00	0.00	0.00	0.00	0.00	0.00
126	393.16	393.16	0.00	0.00	0.00	0.00	0.00	0.00
127	355.86	355.86	0.00	0.00	0.00	0.00	0.00	0.00
128	405.59	405.59	0.00	0.00	0.00	0.00	0.00	0.00
129	378.02	378.02	0.00	0.00	0.00	0.00	0.00	0.00
130	425.40	425.40	0.00	0.00	0.00	0.00	0.00	0.00
131	459.48	459.48	0.00	0.00	0.00	0.00	0.00	0.00
132	492.63	492.63	0.00	0.00	0.00	0.00	0.00	0.00
133	359.04	359.04	0.00	0.00	0.00	0.00	0.00	0.00
134	294.69	294.69	0.00	0.00	0.00	0.00	0.00	0.00
135	362.44	362.44	0.00	0.00	0.00	0.00	0.00	0.00
136	438.74	438.74	0.00	0.00	0.00	0.00	0.00	0.00
137	409.16	409.16	0.00	0.00	0.00	0.00	0.00	0.00

138	370.34	370.34	0.00	0.00	0.00	0.00	0.00	0.00
139	422.09	422.09	0.00	0.00	0.00	0.00	0.00	0.00
140	393.41	393.41	0.00	0.00	0.00	0.00	0.00	0.00
141	442.70	442.70	0.00	0.00	0.00	0.00	0.00	0.00
142	478.16	478.16	0.00	0.00	0.00	0.00	0.00	0.00
143	512.68	512.68	0.00	0.00	0.00	0.00	0.00	0.00
144	414.33	414.33	0.00	0.00	0.00	0.00	0.00	0.00
145	340.05	340.05	0.00	0.00	0.00	0.00	0.00	0.00
146	418.23	418.23	0.00	0.00	0.00	0.00	0.00	0.00
147	506.29	506.29	0.00	0.00	0.00	0.00	0.00	0.00
148	472.16	472.16	0.00	0.00	0.00	0.00	0.00	0.00
149	427.35	427.35	0.00	0.00	0.00	0.00	0.00	0.00
150	487.07	487.07	0.00	0.00	0.00	0.00	0.00	0.00
151	453.97	453.97	0.00	0.00	0.00	0.00	0.00	0.00
152	510.85	510.85	0.00	0.00	0.00	0.00	0.00	0.00
153	551.80	551.80	0.00	0.00	0.00	0.00	0.00	0.00
154	591.62	591.62	0.00	0.00	0.00	0.00	0.00	0.00
155	429.59	429.59	0.00	0.00	0.00	0.00	0.00	0.00
156	352.59	352.59	0.00	0.00	0.00	0.00	0.00	0.00
157	433.64	433.64	0.00	0.00	0.00	0.00	0.00	0.00
158	524.94	524.94	0.00	0.00	0.00	0.00	0.00	0.00
159	489.55	489.55	0.00	0.00	0.00	0.00	0.00	0.00
160	443.08	443.08	0.00	0.00	0.00	0.00	0.00	0.00
161	505.01	505.01	0.00	0.00	0.00	0.00	0.00	0.00
162	470.69	470.69	0.00	0.00	0.00	0.00	0.00	0.00
163	529.67	529.67	0.00	0.00	0.00	0.00	0.00	0.00
164	572.12	572.12	0.00	0.00	0.00	0.00	0.00	0.00
165	613.40	613.40	0.00	0.00	0.00	0.00	0.00	0.00
166	493.26	493.26	0.00	0.00	0.00	0.00	0.00	0.00
167	404.84	404.84	0.00	0.00	0.00	0.00	0.00	0.00
168	497.91	497.91	0.00	0.00	0.00	0.00	0.00	0.00
169	602.74	602.74	0.00	0.00	0.00	0.00	0.00	0.00
170	562.10	562.10	0.00	0.00	0.00	0.00	0.00	0.00
171	508.77	508.77	0.00	0.00	0.00	0.00	0.00	0.00
172	579.87	579.87	0.00	0.00	0.00	0.00	0.00	0.00
173	540.47	540.47	0.00	0.00	0.00	0.00	0.00	0.00
174	608.19	608.19	0.00	0.00	0.00	0.00	0.00	0.00
175	656.92	656.92	0.00	0.00	0.00	0.00	0.00	0.00
176	704.33	704.33	0.00	0.00	0.00	0.00	0.00	0.00
177	493.82	493.82	0.00	0.00	0.00	0.00	0.00	0.00
178	405.30	405.30	0.00	0.00	0.00	0.00	0.00	0.00
179	498.48	498.48	0.00	0.00	0.00	0.00	0.00	0.00
180	603.42	603.42	0.00	0.00	0.00	0.00	0.00	0.00
181	562.74	562.74	0.00	0.00	0.00	0.00	0.00	0.00
182	509.35	509.35	0.00	0.00	0.00	0.00	0.00	0.00
183	580.53	580.53	0.00	0.00	0.00	0.00	0.00	0.00
184	541.07	541.07	0.00	0.00	0.00	0.00	0.00	0.00

185	608.88	608.88	0.00	0.00	0.00	0.00	0.00	0.00
186	657.66	657.66	0.00	0.00	0.00	0.00	0.00	0.00
187	705.12	705.12	0.00	0.00	0.00	0.00	0.00	0.00
188	234.87	234.87	0.00	0.00	0.00	0.00	0.00	0.00
189	192.76	192.76	0.00	0.00	0.00	0.00	0.00	0.00
190	237.08	237.08	0.00	0.00	0.00	0.00	0.00	0.00
191	287.00	287.00	0.00	0.00	0.00	0.00	0.00	0.00
192	267.64	267.64	0.00	0.00	0.00	0.00	0.00	0.00
193	242.24	242.24	0.00	0.00	0.00	0.00	0.00	0.00
194	276.11	276.11	0.00	0.00	0.00	0.00	0.00	0.00
195	257.34	257.34	0.00	0.00	0.00	0.00	0.00	0.00
196	289.58	289.58	0.00	0.00	0.00	0.00	0.00	0.00
197	312.79	312.79	0.00	0.00	0.00	0.00	0.00	0.00
198	335.36	335.36	0.00	0.00	0.00	0.00	0.00	0.00

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Grand Total

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

CO - 40 Year Old Non-smoker

Sum of Primary		Metal Tier Low/High			
		Bronze		Silver	
Rating Area	Network	Low	High	Low	High
1	ASA	282.27	298.20	341.93	355.85
	GWH	284.80	300.88	345.00	359.04
2	ASA	231.68	244.74	280.64	292.05
	GWH	233.76	246.96	283.15	294.69
3	ASA	284.93	301.01	345.15	359.19
	GWH	287.49	303.72	348.26	362.44
4	ASA	310.39	327.90	376.00	391.29
	GWH	348.02	367.67	421.59	438.74
5	ASA	289.47	305.79	350.64	364.92
	GWH	324.56	342.87	393.16	409.16
6	ASA	288.04	304.28	348.91	363.09
	GWH	293.76	310.34	355.86	370.34
7	ASA	335.45	354.36	406.33	422.86
	GWH	334.81	353.71	405.59	422.09
8	ASA	312.64	330.29	378.71	394.12
	GWH	312.06	329.67	378.02	393.41
9	ASA	344.31	363.73	417.09	434.05
	GWH	351.17	370.98	425.40	442.70
10	ASA	338.29	357.37	409.79	426.47
	GWH	379.30	400.72	459.48	478.16
11	ASA	362.70	383.17	439.36	457.24
	GWH	406.69	429.63	492.63	512.68

Gold		Platinum		Catastrophic
Low	High	Low	High	Only One Catastrophic Plan
410.62	425.75	488.85	489.41	232.76
414.33	429.59	493.26	493.82	234.87
337.02	349.44	401.23	401.68	191.05
340.05	352.59	404.84	405.30	192.76
414.49	429.75	493.47	494.02	234.96
418.23	433.64	497.91	498.48	237.08
451.53	468.17	537.57	538.18	255.97
506.29	524.94	602.74	603.42	287.00
421.09	436.60	501.32	501.90	238.70
472.16	489.55	562.10	562.74	267.64
419.01	434.42	498.83	499.39	237.52
427.35	443.08	508.77	509.35	242.24
487.98	505.95	580.94	581.61	276.61
487.07	505.01	579.87	580.53	276.11
454.81	471.57	541.46	542.08	257.81
453.97	470.69	540.47	541.07	257.34
500.89	519.32	596.30	596.97	283.93
510.85	529.67	608.19	608.88	289.58
492.12	510.25	585.89	586.55	278.96
551.80	572.12	656.92	657.66	312.79
527.65	547.07	628.16	628.88	299.10
591.62	613.40	704.33	705.12	335.36

CO - 40 Year Old Non-smoker

<u>Rating Area</u>	<u>Plan</u>	<u>Network</u>	<u>Primary</u>	<u>Low/High</u>
1	1-Ded Bronze 1	ASA	282.27	Low
2	1-Ded Bronze 1	ASA	231.68	Low
3	1-Ded Bronze 1	ASA	284.93	Low
4	1-Ded Bronze 1	ASA	310.39	Low
5	1-Ded Bronze 1	ASA	289.47	Low
6	1-Ded Bronze 1	ASA	288.04	Low
7	1-Ded Bronze 1	ASA	335.45	Low
8	1-Ded Bronze 1	ASA	312.64	Low
9	1-Ded Bronze 1	ASA	344.31	Low
10	1-Ded Bronze 1	ASA	338.29	Low
11	1-Ded Bronze 1	ASA	362.7	Low
1	Non 1-Ded Bronze 5	ASA	298.2	High
2	Non 1-Ded Bronze 5	ASA	244.74	High
3	Non 1-Ded Bronze 5	ASA	301.01	High
4	Non 1-Ded Bronze 5	ASA	327.9	High
5	Non 1-Ded Bronze 5	ASA	305.79	High
6	Non 1-Ded Bronze 5	ASA	304.28	High
7	Non 1-Ded Bronze 5	ASA	354.36	High
8	Non 1-Ded Bronze 5	ASA	330.29	High
9	Non 1-Ded Bronze 5	ASA	363.73	High
10	Non 1-Ded Bronze 5	ASA	357.37	High
11	Non 1-Ded Bronze 5	ASA	383.17	High
1	Non 1-Ded Silver 1	ASA	341.93	Low
2	Non 1-Ded Silver 1	ASA	280.64	Low
3	Non 1-Ded Silver 1	ASA	345.15	Low
4	Non 1-Ded Silver 1	ASA	376	Low
5	Non 1-Ded Silver 1	ASA	350.64	Low
6	Non 1-Ded Silver 1	ASA	348.91	Low
7	Non 1-Ded Silver 1	ASA	406.33	Low
8	Non 1-Ded Silver 1	ASA	378.71	Low
9	Non 1-Ded Silver 1	ASA	417.09	Low
10	Non 1-Ded Silver 1	ASA	409.79	Low
11	Non 1-Ded Silver 1	ASA	439.36	Low
1	Non 1-Ded Silver 4	ASA	355.85	High
2	Non 1-Ded Silver 4	ASA	292.05	High
3	Non 1-Ded Silver 4	ASA	359.19	High
4	Non 1-Ded Silver 4	ASA	391.29	High
5	Non 1-Ded Silver 4	ASA	364.92	High
6	Non 1-Ded Silver 4	ASA	363.09	High
7	Non 1-Ded Silver 4	ASA	422.86	High
8	Non 1-Ded Silver 4	ASA	394.12	High
9	Non 1-Ded Silver 4	ASA	434.05	High
10	Non 1-Ded Silver 4	ASA	426.47	High

11	Non 1-Ded Silver 4	ASA	457.24	High
1	Non 1-Ded Gold 1	ASA	410.62	Low
2	Non 1-Ded Gold 1	ASA	337.02	Low
3	Non 1-Ded Gold 1	ASA	414.49	Low
4	Non 1-Ded Gold 1	ASA	451.53	Low
5	Non 1-Ded Gold 1	ASA	421.09	Low
6	Non 1-Ded Gold 1	ASA	419.01	Low
7	Non 1-Ded Gold 1	ASA	487.98	Low
8	Non 1-Ded Gold 1	ASA	454.81	Low
9	Non 1-Ded Gold 1	ASA	500.89	Low
10	Non 1-Ded Gold 1	ASA	492.12	Low
11	Non 1-Ded Gold 1	ASA	527.65	Low
1	Non 1-Ded Gold 2	ASA	425.75	High
2	Non 1-Ded Gold 2	ASA	349.44	High
3	Non 1-Ded Gold 2	ASA	429.75	High
4	Non 1-Ded Gold 2	ASA	468.17	High
5	Non 1-Ded Gold 2	ASA	436.6	High
6	Non 1-Ded Gold 2	ASA	434.42	High
7	Non 1-Ded Gold 2	ASA	505.95	High
8	Non 1-Ded Gold 2	ASA	471.57	High
9	Non 1-Ded Gold 2	ASA	519.32	High
10	Non 1-Ded Gold 2	ASA	510.25	High
11	Non 1-Ded Gold 2	ASA	547.07	High
1	Non 1-Ded Platinum 2	ASA	488.85	Low
2	Non 1-Ded Platinum 2	ASA	401.23	Low
3	Non 1-Ded Platinum 2	ASA	493.47	Low
4	Non 1-Ded Platinum 2	ASA	537.57	Low
5	Non 1-Ded Platinum 2	ASA	501.32	Low
6	Non 1-Ded Platinum 2	ASA	498.83	Low
7	Non 1-Ded Platinum 2	ASA	580.94	Low
8	Non 1-Ded Platinum 2	ASA	541.46	Low
9	Non 1-Ded Platinum 2	ASA	596.3	Low
10	Non 1-Ded Platinum 2	ASA	585.89	Low
11	Non 1-Ded Platinum 2	ASA	628.16	Low
1	Non 1-Ded Platinum 1	ASA	489.41	High
2	Non 1-Ded Platinum 1	ASA	401.68	High
3	Non 1-Ded Platinum 1	ASA	494.02	High
4	Non 1-Ded Platinum 1	ASA	538.18	High
5	Non 1-Ded Platinum 1	ASA	501.9	High
6	Non 1-Ded Platinum 1	ASA	499.39	High
7	Non 1-Ded Platinum 1	ASA	581.61	High
8	Non 1-Ded Platinum 1	ASA	542.08	High
9	Non 1-Ded Platinum 1	ASA	596.97	High
10	Non 1-Ded Platinum 1	ASA	586.55	High
11	Non 1-Ded Platinum 1	ASA	628.88	High
1	Non 1-Ded Catastrophic 1	ASA	232.76	Only One Catastrophic Plan
2	Non 1-Ded Catastrophic 1	ASA	191.05	Only One Catastrophic Plan

3	Non 1-Ded Catastrophic 1	ASA	234.96	Only One Catastrophic Plan
4	Non 1-Ded Catastrophic 1	ASA	255.97	Only One Catastrophic Plan
5	Non 1-Ded Catastrophic 1	ASA	238.7	Only One Catastrophic Plan
6	Non 1-Ded Catastrophic 1	ASA	237.52	Only One Catastrophic Plan
7	Non 1-Ded Catastrophic 1	ASA	276.61	Only One Catastrophic Plan
8	Non 1-Ded Catastrophic 1	ASA	257.81	Only One Catastrophic Plan
9	Non 1-Ded Catastrophic 1	ASA	283.93	Only One Catastrophic Plan
10	Non 1-Ded Catastrophic 1	ASA	278.96	Only One Catastrophic Plan
11	Non 1-Ded Catastrophic 1	ASA	299.1	Only One Catastrophic Plan
1	1-Ded Bronze 1	GWH	284.8	Low
2	1-Ded Bronze 1	GWH	233.76	Low
3	1-Ded Bronze 1	GWH	287.49	Low
4	1-Ded Bronze 1	GWH	348.02	Low
5	1-Ded Bronze 1	GWH	324.56	Low
6	1-Ded Bronze 1	GWH	293.76	Low
7	1-Ded Bronze 1	GWH	334.81	Low
8	1-Ded Bronze 1	GWH	312.06	Low
9	1-Ded Bronze 1	GWH	351.17	Low
10	1-Ded Bronze 1	GWH	379.3	Low
11	1-Ded Bronze 1	GWH	406.69	Low
1	Non 1-Ded Bronze 5	GWH	300.88	High
2	Non 1-Ded Bronze 5	GWH	246.96	High
3	Non 1-Ded Bronze 5	GWH	303.72	High
4	Non 1-Ded Bronze 5	GWH	367.67	High
5	Non 1-Ded Bronze 5	GWH	342.87	High
6	Non 1-Ded Bronze 5	GWH	310.34	High
7	Non 1-Ded Bronze 5	GWH	353.71	High
8	Non 1-Ded Bronze 5	GWH	329.67	High
9	Non 1-Ded Bronze 5	GWH	370.98	High
10	Non 1-Ded Bronze 5	GWH	400.72	High
11	Non 1-Ded Bronze 5	GWH	429.63	High
1	Non 1-Ded Silver 1	GWH	345	Low
2	Non 1-Ded Silver 1	GWH	283.15	Low
3	Non 1-Ded Silver 1	GWH	348.26	Low
4	Non 1-Ded Silver 1	GWH	421.59	Low
5	Non 1-Ded Silver 1	GWH	393.16	Low
6	Non 1-Ded Silver 1	GWH	355.86	Low
7	Non 1-Ded Silver 1	GWH	405.59	Low
8	Non 1-Ded Silver 1	GWH	378.02	Low
9	Non 1-Ded Silver 1	GWH	425.4	Low
10	Non 1-Ded Silver 1	GWH	459.48	Low
11	Non 1-Ded Silver 1	GWH	492.63	Low
1	Non 1-Ded Silver 4	GWH	359.04	High
2	Non 1-Ded Silver 4	GWH	294.69	High
3	Non 1-Ded Silver 4	GWH	362.44	High
4	Non 1-Ded Silver 4	GWH	438.74	High
5	Non 1-Ded Silver 4	GWH	409.16	High

6	Non 1-Ded Silver 4	GWH	370.34	High
7	Non 1-Ded Silver 4	GWH	422.09	High
8	Non 1-Ded Silver 4	GWH	393.41	High
9	Non 1-Ded Silver 4	GWH	442.7	High
10	Non 1-Ded Silver 4	GWH	478.16	High
11	Non 1-Ded Silver 4	GWH	512.68	High
1	Non 1-Ded Gold 1	GWH	414.33	Low
2	Non 1-Ded Gold 1	GWH	340.05	Low
3	Non 1-Ded Gold 1	GWH	418.23	Low
4	Non 1-Ded Gold 1	GWH	506.29	Low
5	Non 1-Ded Gold 1	GWH	472.16	Low
6	Non 1-Ded Gold 1	GWH	427.35	Low
7	Non 1-Ded Gold 1	GWH	487.07	Low
8	Non 1-Ded Gold 1	GWH	453.97	Low
9	Non 1-Ded Gold 1	GWH	510.85	Low
10	Non 1-Ded Gold 1	GWH	551.8	Low
11	Non 1-Ded Gold 1	GWH	591.62	Low
1	Non 1-Ded Gold 2	GWH	429.59	High
2	Non 1-Ded Gold 2	GWH	352.59	High
3	Non 1-Ded Gold 2	GWH	433.64	High
4	Non 1-Ded Gold 2	GWH	524.94	High
5	Non 1-Ded Gold 2	GWH	489.55	High
6	Non 1-Ded Gold 2	GWH	443.08	High
7	Non 1-Ded Gold 2	GWH	505.01	High
8	Non 1-Ded Gold 2	GWH	470.69	High
9	Non 1-Ded Gold 2	GWH	529.67	High
10	Non 1-Ded Gold 2	GWH	572.12	High
11	Non 1-Ded Gold 2	GWH	613.4	High
1	Non 1-Ded Platinum 2	GWH	493.26	Low
2	Non 1-Ded Platinum 2	GWH	404.84	Low
3	Non 1-Ded Platinum 2	GWH	497.91	Low
4	Non 1-Ded Platinum 2	GWH	602.74	Low
5	Non 1-Ded Platinum 2	GWH	562.1	Low
6	Non 1-Ded Platinum 2	GWH	508.77	Low
7	Non 1-Ded Platinum 2	GWH	579.87	Low
8	Non 1-Ded Platinum 2	GWH	540.47	Low
9	Non 1-Ded Platinum 2	GWH	608.19	Low
10	Non 1-Ded Platinum 2	GWH	656.92	Low
11	Non 1-Ded Platinum 2	GWH	704.33	Low
1	Non 1-Ded Platinum 1	GWH	493.82	High
2	Non 1-Ded Platinum 1	GWH	405.3	High
3	Non 1-Ded Platinum 1	GWH	498.48	High
4	Non 1-Ded Platinum 1	GWH	603.42	High
5	Non 1-Ded Platinum 1	GWH	562.74	High
6	Non 1-Ded Platinum 1	GWH	509.35	High
7	Non 1-Ded Platinum 1	GWH	580.53	High
8	Non 1-Ded Platinum 1	GWH	541.07	High

9	Non 1-Ded Platinum 1	GWH	608.88	High
10	Non 1-Ded Platinum 1	GWH	657.66	High
11	Non 1-Ded Platinum 1	GWH	705.12	High
1	Non 1-Ded Catastrophic 1	GWH	234.87	Only One Catastrophic Plan
2	Non 1-Ded Catastrophic 1	GWH	192.76	Only One Catastrophic Plan
3	Non 1-Ded Catastrophic 1	GWH	237.08	Only One Catastrophic Plan
4	Non 1-Ded Catastrophic 1	GWH	287	Only One Catastrophic Plan
5	Non 1-Ded Catastrophic 1	GWH	267.64	Only One Catastrophic Plan
6	Non 1-Ded Catastrophic 1	GWH	242.24	Only One Catastrophic Plan
7	Non 1-Ded Catastrophic 1	GWH	276.11	Only One Catastrophic Plan
8	Non 1-Ded Catastrophic 1	GWH	257.34	Only One Catastrophic Plan
9	Non 1-Ded Catastrophic 1	GWH	289.58	Only One Catastrophic Plan
10	Non 1-Ded Catastrophic 1	GWH	312.79	Only One Catastrophic Plan
11	Non 1-Ded Catastrophic 1	GWH	335.36	Only One Catastrophic Plan

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**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
RATE SAMPLE**

40 Year Old Non-Smoker

Rating Area	Network	Bronze		Silver		Gold		Platinum		Catastrophic
		Low	High	Low	High	Low	High	Low	High	Only One Catastrophic Plan
1	ASA	282.27	298.20	341.93	355.85	410.62	425.75	488.85	489.41	232.76
	GWH	284.80	300.88	345.00	359.04	414.33	429.59	493.26	493.82	234.87
2	ASA	231.68	244.74	280.64	292.05	337.02	349.44	401.23	401.68	191.05
	GWH	233.76	246.96	283.15	294.69	340.05	352.59	404.84	405.30	192.76
3	ASA	284.93	301.01	345.15	359.19	414.49	429.75	493.47	494.02	234.96
	GWH	287.49	303.72	348.26	362.44	418.23	433.64	497.91	498.48	237.08
4	ASA	310.39	327.90	376.00	391.29	451.53	468.17	537.57	538.18	255.97
	GWH	348.02	367.67	421.59	438.74	506.29	524.94	602.74	603.42	287.00
5	ASA	289.47	305.79	350.64	364.92	421.09	436.60	501.32	501.90	238.70
	GWH	324.56	342.87	393.16	409.16	472.16	489.55	562.10	562.74	267.64
6	ASA	288.04	304.28	348.91	363.09	419.01	434.42	498.83	499.39	237.52
	GWH	293.76	310.34	355.86	370.34	427.35	443.08	508.77	509.35	242.24
7	ASA	335.45	354.36	406.33	422.86	487.98	505.95	580.94	581.61	276.61
	GWH	334.81	353.71	405.59	422.09	487.07	505.01	579.87	580.53	276.11
8	ASA	312.64	330.29	378.71	394.12	454.81	471.57	541.46	542.08	257.81
	GWH	312.06	329.67	378.02	393.41	453.97	470.69	540.47	541.07	257.34
9	ASA	344.31	363.73	417.09	434.05	500.89	519.32	596.30	596.97	283.93
	GWH	351.17	370.98	425.40	442.70	510.85	529.67	608.19	608.88	289.58
10	ASA	338.29	357.37	409.79	426.47	492.12	510.25	585.89	586.55	278.96
	GWH	379.30	400.72	459.48	478.16	551.80	572.12	656.92	657.66	312.79
11	ASA	362.70	383.17	439.36	457.24	527.65	547.07	628.16	628.88	299.10
	GWH	406.69	429.63	492.63	512.68	591.62	613.40	704.33	705.12	335.36

**Assurant Health - Individual Medical
Appendix A: Base Rate Development
CO**

A	Pooled 2012 Per Member Per Month Allowed Claims - State	265.77	
B	2012 Per Member Per Month Allowed Claims - Manual	NOT APPLICABLE	
C	Credibility of State Experience	100%	
D	Credibility Adjusted PMPM Allowed Claims	265.77	$D = A \times C + (B \times (1-C))$
E	Annual Trend on an Allowed Claim Basis	10.5%	
F	24 Months of Trend from Midpoint of 2012 to Midpoint of 2014	1.221	$F = (1+E) ^ 2$
G	Adjust Experience to Current Market Risk	1.064	
H	Adjust Experience to 2014 Market Risk	1.300	
I	Cost of Essential Benefits Not covered within Experience Data	1.035	
J	Adjust to Account for the Pent Up Demand of Uninsured	1.005	
K	Adjust Experience to Utilization Level of Bronze Plan	1.000	Note: Historical Experience is Approximately at a Bronze Cost Sharing Level - 1.0 Factor
L	Adjust Experience for Expected Change in Network Discounts	1.001	
M	Adjusted to 2014 Bronze Plan PMPM Allowed Claims	467.49	
			$M = D \times F \times G \times H \times I \times J \times K \times L$
N	Adjust to 21 Year Old Non-Tobacco User	1.39	Average Rating Factor Weighted by Age and Tobacco User Membership Split
O	21 Year Old Non-Tobacco User Allowed Claim Base Rate	336.23	
			$O = M / N$
P	Spread Cost of Dependent 4+ on Policies with More than 3 Dependents Under Age 21	1.004	
Q	Priced For Loss Ratio (Equivalent to 80% Medical Loss Ratio)	73.0%	
FINAL BASE	2014 FINAL 21 Year Old Non-Tobacco User State Base Rate	462.63	$FINAL\ BASE = O \times P / Q$
Reinsurance	2014 State Reinsurance Factor Applied to FINAL State Base Rate	0.867	
R	Adjust Experience for Increased Utilization due to Decreased Cost Sharing	1.016	
2014 INDEX RATE	Total PMPM Allowed Claims; Excluding Reinsurance and Risk Adjustment Transfers	446.39	$2014\ INDEX\ RATE = M \times R / G$

E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available) N/A (Initial Filing)					
COLORADO					
State Tracking Number		% OF CHANGE			
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months

NATIONWIDE		
Effective Date	Average % of change	Cumulative for past 12 Months
Additional Information:		

L. DATA REQUIREMENTS

Colorado-only basis for at least 3 years. **Include** national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.

COLORADO								
Year*	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	\$ 76,425,607	\$ 61,390,106	\$ 61,390,106	\$ -	80%	\$ 35,992	\$ 498,629	\$ 122,581,068
2011	\$ 76,497,338	\$ 64,466,626	\$ 64,466,626	\$ -	84%	\$ 34,216	\$ 500,477	\$ 92,866,206
2012	\$ 70,082,779	\$ 55,718,454	\$ 56,724,225	\$ 1,005,772	81%	\$ 27,747	\$ 446,480	\$ 70,082,779
01/2013-04/2013	\$ 21,480,871	\$ 8,799,209	\$ 13,909,441	\$ 5,110,232	65%	\$ 24,402	\$ 117,297	\$ 21,480,871

*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY

Above data is for:

Comparable Product

OTHER DATA							
Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Average Covered Lives	Number of Claims	
2010	\$ 1,183,301,756.77	\$ 800,820,864	\$ 801,497,588	\$ 676,724	\$ 499,835	\$ 7,248,029	
2011	\$ 1,086,654,029.45	\$ 754,375,698	\$ 754,562,002	\$ 186,304	\$ 412,449	\$ 6,446,866	
2012	\$ 976,023,859.70	\$ 683,883,431	\$ 695,438,845	\$ 11,555,414	\$ 345,664	\$ 6,030,539	
01/2013-04/2013	\$ 308,487,062.83	\$ 114,551,110	\$ 187,737,732	\$ 73,186,621	\$ 329,255	\$ 1,987,913	
Above data is for:	Comparable Product National						
Experience Period: (From ____ to ____)							
Additional Information:							

M. SIDE-BY-SIDE COMPARISON**N/A**

If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.

Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):			
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	67,269,973	56,635,576	84.2%
Projected Experience With Rate Change	n/a	n/a	n/a
Additional Information	This benefits Ratio is prior to reinsurance. After reinsurance, the benefits ratio is 73%.		

In this Model the health plan will only be asked to enter data shown in **Red**, the other cells are all calculated as part of the State's Evaluation Model

Step 1:

Enter Your Member and Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception.

The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.

Month Through Which Claims are Paid: **Mar-13**

Row #	Month	Members	Medical		Pharmacy		Medical	Pharmacy	Total
			Total	Estimated	Total	Estimated	12-Month	12-Month	12-Month
			Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	Jan-09	26,780	\$3,065,994	\$0	\$62,160	\$0			
2	Feb-09	27,536	\$3,036,551	\$0	\$129,704	\$0			
3	Mar-09	28,473	\$3,539,869	\$0	\$182,930	\$0			
4	Apr-09	28,829	\$3,813,828	\$0	\$202,897	\$0			
5	May-09	29,359	\$3,858,487	\$0	\$288,589	\$0			
6	Jun-09	30,442	\$4,197,524	\$0	\$275,669	\$0			
7	Jul-09	30,590	\$4,386,142	\$0	\$285,585	\$0			
8	Aug-09	31,177	\$4,546,174	\$0	\$343,378	\$0			
9	Sep-09	31,989	\$4,656,314	\$0	\$371,159	\$0			
10	Oct-09	32,262	\$4,805,183	\$0	\$409,149	\$0			
11	Nov-09	32,662	\$5,627,704	\$0	\$438,228	\$0			
12	Dec-09	33,751	\$5,733,690	\$0	\$565,037	\$0			
13	Jan-10	34,332	\$3,341,838	\$0	\$133,414	\$0			
14	Feb-10	34,685	\$3,413,825	\$0	\$195,162	\$0			
15	Mar-10	35,565	\$5,059,320	\$0	\$232,734	\$0			
16	Apr-10	36,141	\$4,274,984	\$4	\$264,240	\$0			
17	May-10	36,398	\$4,986,586	\$47	\$254,830	\$2			
18	Jun-10	36,681	\$4,554,933	\$176	\$297,864	\$12			
19	Jul-10	36,317	\$4,590,221	\$223	\$284,826	\$14			
20	Aug-10	36,163	\$4,863,299	\$82	\$342,282	\$6			
21	Sep-10	35,897	\$4,848,303	\$512	\$380,851	\$40			
22	Oct-10	35,462	\$5,780,423	\$55	\$387,276	\$4			
23	Nov-10	35,371	\$5,391,522	\$304	\$415,393	\$23			
24	Dec-10	35,489	\$7,371,035	\$415	\$517,029	\$29			-3.69%
25	Jan-11	35,256	\$4,742,940	\$313	\$140,742	\$9			-0.31%
26	Feb-11	35,164	\$4,100,077	\$311	\$180,512	\$14			1.75%
27	Mar-11	35,370	\$4,938,887	\$388	\$262,526	\$21			0.72%
28	Apr-11	35,436	\$3,839,023	\$294	\$265,122	\$20			1.17%
29	May-11	35,234	\$4,625,958	\$0	\$347,557	\$0			0.92%
30	Jun-11	34,770	\$5,314,358	\$9	\$347,129	\$1			3.60%
31	Jul-11	34,124	\$5,504,390	\$0	\$323,538	\$0			6.80%
32	Aug-11	33,660	\$6,083,648	\$75	\$442,345	\$5			10.35%
33	Sep-11	33,247	\$4,638,778	\$0	\$394,344	\$0			11.38%
34	Oct-11	32,645	\$5,154,382	\$0	\$406,041	\$0			10.20%
35	Nov-11	32,093	\$5,836,771	\$7	\$418,607	\$1			13.03%
36	Dec-11	31,923	\$6,686,354	\$134	\$469,820	\$9			10.32%
37	Jan-12	30,956	\$3,440,646	\$363	\$200,995	\$21			7.18%
38	Feb-12	30,197	\$3,085,701	\$918	\$164,206	\$49			5.78%
39	Mar-12	29,766	\$3,987,141	\$7,058	\$244,181	\$432			5.73%
40	Apr-12	29,016	\$3,827,906	\$10,404	\$230,384	\$626			7.96%
41	May-12	28,329	\$4,003,646	\$28,089	\$272,080	\$1,909			8.85%
42	Jun-12	27,587	\$3,343,414	\$50,031	\$261,725	\$3,916			5.41%
43	Jul-12	27,034	\$4,538,618	\$80,440	\$316,440	\$5,608			3.61%
44	Aug-12	26,583	\$5,129,964	\$153,200	\$304,819	\$9,103			1.02%
45	Sep-12	26,226	\$5,238,144	\$240,711	\$342,178	\$15,724			3.67%
46	Oct-12	25,783	\$5,776,807	\$495,728	\$384,795	\$33,021			7.08%
47	Nov-12	25,399	\$5,112,457	\$792,799	\$366,102	\$56,772			6.18%
48	Dec-12	25,219	\$6,649,416	\$1,456,425	\$555,621	\$121,698			8.68%

Start Month	End Month	Members Months	Medical		Pharmacy		One Year Trends		
			Total Incurred Claims	Estimated IBNR Claims	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	363,850	51,267,461	0	3,554,486	0			
Jan-10	Dec-10	428,501	58,476,288	1,820	3,705,901	130			
Jan-11	Dec-11	408,922	61,465,567	1,531	3,998,283	80			
Jan-12	Dec-12	332,095	54,133,860	3,316,165	3,643,526	248,880			

This data differs slightly from the data on the Data Requirements tab because the data source is different.
In order to break out the medical and pharmacy claims, we needed to use separate data sources.

In this Model the health plan will only be asked to enter data shown in **Red**, the other cells are all calculated as part of the State's Evaluation Model

Enter Your Member and Normalized Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception.
The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.
Claims should be normalized for demographic changes, benefit changes, uw wear-off if applicable, and any other rating factors that are appropriate to normalize for.

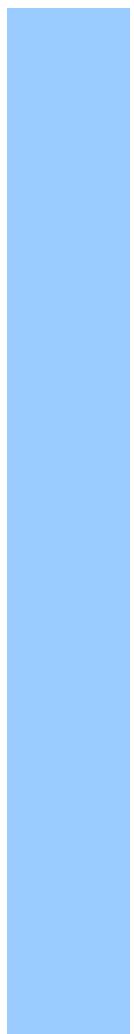
Month Through Which Claims are Paid: **Mar-13**

Row #	Month	Members	Medical	Pharmacy	Medical	Pharmacy	Total
			Normalized Incurred Claims	Normalized Incurred Claims	12-Month pmpm Trend	12-Month pmpm Trend	12-Month pmpm Trend
1	Jan-09	26,780	\$2,990,813	\$60,636			
2	Feb-09	27,536	\$2,962,091	\$126,524			
3	Mar-09	28,473	\$3,453,067	\$178,445			
4	Apr-09	28,829	\$3,720,309	\$197,922			
5	May-09	29,359	\$3,763,872	\$281,512			
6	Jun-09	30,442	\$4,094,596	\$268,910			
7	Jul-09	30,590	\$4,278,589	\$278,582			
8	Aug-09	31,177	\$4,434,697	\$334,958			
9	Sep-09	31,989	\$4,542,136	\$362,057			
10	Oct-09	32,262	\$4,687,354	\$399,117			
11	Nov-09	32,662	\$5,489,706	\$427,482			
12	Dec-09	33,751	\$5,593,094	\$551,181			
13	Jan-10	34,332	\$3,326,622	\$132,806			
14	Feb-10	34,685	\$3,398,281	\$194,273			
15	Mar-10	35,565	\$5,036,284	\$231,674			
16	Apr-10	36,141	\$4,255,519	\$263,037			
17	May-10	36,398	\$4,963,881	\$253,670			
18	Jun-10	36,681	\$4,534,193	\$296,507			
19	Jul-10	36,317	\$4,569,321	\$283,529			
20	Aug-10	36,163	\$4,841,156	\$340,724			
21	Sep-10	35,897	\$4,826,227	\$379,117			
22	Oct-10	35,462	\$5,754,104	\$385,513			
23	Nov-10	35,371	\$5,366,973	\$413,502			
24	Dec-10	35,489	\$7,337,473	\$514,675			
25	Jan-11	35,256	\$4,747,954	\$140,891			
26	Feb-11	35,164	\$4,104,411	\$180,703			
27	Mar-11	35,370	\$4,944,108	\$262,803			
28	Apr-11	35,436	\$3,843,082	\$265,402			
29	May-11	35,234	\$4,630,848	\$347,924			
30	Jun-11	34,770	\$5,319,976	\$347,496			
31	Jul-11	34,124	\$5,510,209	\$323,880			
32	Aug-11	33,660	\$6,090,079	\$442,813			
33	Sep-11	33,247	\$4,643,682	\$394,760			
34	Oct-11	32,645	\$5,159,831	\$406,470			
35	Nov-11	32,093	\$5,842,942	\$419,050			
36	Dec-11	31,923	\$6,693,423	\$470,317			
37	Jan-12	30,956	\$3,479,621	\$203,272			
38	Feb-12	30,197	\$3,120,655	\$166,066			
39	Mar-12	29,766	\$4,032,307	\$246,947			
40	Apr-12	29,016	\$3,871,268	\$232,994			
41	May-12	28,329	\$4,048,999	\$275,162			
42	Jun-12	27,587	\$3,381,287	\$264,690			
43	Jul-12	27,034	\$4,590,031	\$320,025			
44	Aug-12	26,583	\$5,188,075	\$308,272			
45	Sep-12	26,226	\$5,297,481	\$346,054			
46	Oct-12	25,783	\$5,842,245	\$389,154			
47	Nov-12	25,399	\$5,170,370	\$370,249			
48	Dec-12	25,219	\$6,724,740	\$561,915			

Start Month	End Month	Members Months	Medical	Pharmacy	One Year Trends		
			Total Incurred Claims	Total Incurred Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	363,850	50,010,323	3,467,326			
Jan-10	Dec-10	428,501	58,210,034	3,689,027			
Jan-11	Dec-11	408,922	61,530,543	4,002,510			
Jan-12	Dec-12	332,095	54,747,081	3,684,800			

E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available) N/A (Initial Filing)					
COLORADO					
State Tracking Number		% OF CHANGE			
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months

NATIONWIDE		
Effective Date	Average % of change	Cumulative for past 12 Months
Additional Information:		



L. DATA REQUIREMENTS

Colorado-only basis for at least 3 years. **Include** national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.

COLORADO								
Year*	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	\$ 76,425,607	\$ 61,390,106	\$ 61,390,106	\$ -	80%	\$ 35,992	\$ 498,629	\$ 122,581,068
2011	\$ 76,497,338	\$ 64,466,626	\$ 64,466,626	\$ -	84%	\$ 34,216	\$ 500,477	\$ 92,866,206
2012	\$ 70,082,779	\$ 55,718,454	\$ 56,724,225	\$ 1,005,772	81%	\$ 27,747	\$ 446,480	\$ 70,082,779
01/2013-04/2013	\$ 21,480,871	\$ 8,799,209	\$ 13,909,441	\$ 5,110,232	65%	\$ 24,402	\$ 117,297	\$ 21,480,871

*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY

Above data is for:

Comparable Product

		OTHER DATA					
Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Average Covered Lives	Number of Claims	
2010	\$ 1,183,301,756.77	\$ 800,820,864	\$ 801,497,588	\$ 676,724	\$ 499,835	\$ 7,248,029	
2011	\$ 1,086,654,029.45	\$ 754,375,698	\$ 754,562,002	\$ 186,304	\$ 412,449	\$ 6,446,866	
2012	\$ 976,023,859.70	\$ 683,883,431	\$ 695,438,845	\$ 11,555,414	\$ 345,664	\$ 6,030,539	
01/2013-04/2013	\$ 308,487,062.83	\$ 114,551,110	\$ 187,737,732	\$ 73,186,621	\$ 329,255	\$ 1,987,913	
Above data is for:	Comparable Product National						
Experience Period: (From__ to __)							
Additional Information:							

M. SIDE-BY-SIDE COMPARISON

N/A

If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.

Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):			
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	67,269,973	56,635,576	84.2%
Projected Experience With Rate Change	n/a	n/a	n/a
Additional Information	This benefits Ratio is prior to reinsurance. After reinsurance, the benefits ratio is 73%.		

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Step 1:
Enter Your Member and Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception.
The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.

Month Through Which Claims are Paid: Mar-13

Row #	Month	Members	Medical		Pharmacy		Medical	Pharmacy	Total
			Total	Estimated	Total	Estimated	12-Month	12-Month	12-Month
			Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	Jan-09	26,780	\$3,065,994	\$0	\$62,160	\$0			
2	Feb-09	27,536	\$3,036,551	\$0	\$129,704	\$0			
3	Mar-09	28,473	\$3,539,869	\$0	\$182,930	\$0			
4	Apr-09	28,829	\$3,813,828	\$0	\$202,897	\$0			
5	May-09	29,359	\$3,858,487	\$0	\$288,589	\$0			
6	Jun-09	30,442	\$4,197,524	\$0	\$275,669	\$0			
7	Jul-09	30,590	\$4,386,142	\$0	\$285,585	\$0			
8	Aug-09	31,177	\$4,546,174	\$0	\$343,378	\$0			
9	Sep-09	31,989	\$4,656,314	\$0	\$371,159	\$0			
10	Oct-09	32,262	\$4,805,183	\$0	\$409,149	\$0			
11	Nov-09	32,662	\$5,627,704	\$0	\$438,228	\$0			
12	Dec-09	33,751	\$5,733,690	\$0	\$565,037	\$0			
13	Jan-10	34,332	\$3,341,838	\$0	\$133,414	\$0			
14	Feb-10	34,685	\$3,413,825	\$0	\$195,162	\$0			
15	Mar-10	35,565	\$5,059,320	\$0	\$232,734	\$0			
16	Apr-10	36,141	\$4,274,984	\$4	\$264,240	\$0			
17	May-10	36,398	\$4,986,586	\$47	\$254,830	\$2			
18	Jun-10	36,681	\$4,554,933	\$176	\$297,864	\$12			
19	Jul-10	36,317	\$4,590,221	\$223	\$284,826	\$14			
20	Aug-10	36,163	\$4,863,299	\$82	\$342,282	\$6			
21	Sep-10	35,897	\$4,848,303	\$512	\$380,851	\$40			
22	Oct-10	35,462	\$5,780,423	\$55	\$387,276	\$4			
23	Nov-10	35,371	\$5,391,522	\$304	\$415,393	\$23			
24	Dec-10	35,489	\$7,371,035	\$415	\$517,029	\$29			-3.69%
25	Jan-11	35,256	\$4,742,940	\$313	\$140,742	\$9			-0.31%
26	Feb-11	35,164	\$4,100,077	\$311	\$180,512	\$14			1.75%
27	Mar-11	35,370	\$4,938,887	\$388	\$262,526	\$21			0.72%
28	Apr-11	35,436	\$3,839,023	\$294	\$265,122	\$20			1.17%
29	May-11	35,234	\$4,625,958	\$0	\$347,557	\$0			0.92%
30	Jun-11	34,770	\$5,314,358	\$9	\$347,129	\$1			3.60%
31	Jul-11	34,124	\$5,504,390	\$0	\$323,538	\$0			6.80%
32	Aug-11	33,660	\$6,083,648	\$75	\$442,345	\$5			10.35%
33	Sep-11	33,247	\$4,638,778	\$0	\$394,344	\$0			11.38%
34	Oct-11	32,645	\$5,154,382	\$0	\$406,041	\$0			10.20%
35	Nov-11	32,093	\$5,836,771	\$7	\$418,607	\$1			13.03%
36	Dec-11	31,923	\$6,686,354	\$134	\$469,820	\$9			10.32%
37	Jan-12	30,956	\$3,440,646	\$363	\$200,995	\$21			7.18%
38	Feb-12	30,197	\$3,085,701	\$918	\$164,206	\$49			5.78%
39	Mar-12	29,766	\$3,987,141	\$7,058	\$244,181	\$432			5.73%
40	Apr-12	29,016	\$3,827,906	\$10,404	\$230,384	\$626			7.96%
41	May-12	28,329	\$4,003,646	\$28,089	\$272,080	\$1,909			8.85%
42	Jun-12	27,587	\$3,343,414	\$50,031	\$261,725	\$3,916			5.41%
43	Jul-12	27,034	\$4,538,618	\$80,440	\$316,440	\$5,608			3.61%
44	Aug-12	26,583	\$5,129,964	\$153,200	\$304,819	\$9,103			1.02%
45	Sep-12	26,226	\$5,238,144	\$240,711	\$342,178	\$15,724			3.67%
46	Oct-12	25,783	\$5,776,807	\$495,728	\$384,795	\$33,021			7.08%
47	Nov-12	25,399	\$5,112,457	\$792,799	\$366,102	\$56,772			6.18%
48	Dec-12	25,219	\$6,649,416	\$1,456,425	\$555,621	\$121,698			8.68%

Start Month	End Month	Members Months	Medical		Pharmacy		One Year Trends		
			Total Incurred Claims	Estimated IBNR Claims	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	363,850	51,267,461	0	3,554,486	0			
Jan-10	Dec-10	428,501	58,476,288	1,820	3,705,901	130			
Jan-11	Dec-11	408,922	61,465,567	1,531	3,998,283	80			
Jan-12	Dec-12	332,095	54,133,860	3,316,165	3,643,526	248,880			

This data differs slightly from the data on the Data Requirements tab because the data source is different.
In order to break out the medical and pharmacy claims, we needed to use separate data sources.

In this Model the health plan will only be asked to enter data shown in **Red**, the other cells are all calculated as part of the State's Evaluation Model

Enter Your Member and Normalized Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48. Claims should be normalized for demographic changes, benefit changes, uw wear-off if applicable, and any other rating factors that are appropriate to normalize for.

Month Through Which Claims are Paid:

Mar-13

Row #	Month	Members	Medical	Pharmacy	Medical	Pharmacy	Total
			Normalized Incurred Claims	Normalized Incurred Claims	12-Month pmpm Trend	12-Month pmpm Trend	12-Month pmpm Trend
1	Jan-09	26,780	\$2,990,813	\$60,636			
2	Feb-09	27,536	\$2,962,091	\$126,524			
3	Mar-09	28,473	\$3,453,067	\$178,445			
4	Apr-09	28,829	\$3,720,309	\$197,922			
5	May-09	29,359	\$3,763,872	\$281,512			
6	Jun-09	30,442	\$4,094,596	\$268,910			
7	Jul-09	30,590	\$4,278,589	\$278,582			
8	Aug-09	31,177	\$4,434,697	\$334,958			
9	Sep-09	31,989	\$4,542,136	\$362,057			
10	Oct-09	32,262	\$4,687,354	\$399,117			
11	Nov-09	32,662	\$5,489,706	\$427,482			
12	Dec-09	33,751	\$5,593,094	\$551,181			
13	Jan-10	34,332	\$3,326,622	\$132,806			
14	Feb-10	34,685	\$3,398,281	\$194,273			
15	Mar-10	35,565	\$5,036,284	\$231,674			
16	Apr-10	36,141	\$4,255,519	\$263,037			
17	May-10	36,398	\$4,963,881	\$253,670			
18	Jun-10	36,681	\$4,534,193	\$296,507			
19	Jul-10	36,317	\$4,569,321	\$283,529			
20	Aug-10	36,163	\$4,841,156	\$340,724			
21	Sep-10	35,897	\$4,826,227	\$379,117			
22	Oct-10	35,462	\$5,754,104	\$385,513			
23	Nov-10	35,371	\$5,366,973	\$413,502			
24	Dec-10	35,489	\$7,337,473	\$514,675			
25	Jan-11	35,256	\$4,747,954	\$140,891			
26	Feb-11	35,164	\$4,104,411	\$180,703			
27	Mar-11	35,370	\$4,944,108	\$262,803			
28	Apr-11	35,436	\$3,843,082	\$265,402			
29	May-11	35,234	\$4,630,848	\$347,924			
30	Jun-11	34,770	\$5,319,976	\$347,496			
31	Jul-11	34,124	\$5,510,209	\$323,880			
32	Aug-11	33,660	\$6,090,079	\$442,813			
33	Sep-11	33,247	\$4,643,682	\$394,760			
34	Oct-11	32,645	\$5,159,831	\$406,470			
35	Nov-11	32,093	\$5,842,942	\$419,050			
36	Dec-11	31,923	\$6,693,423	\$470,317			
37	Jan-12	30,956	\$3,479,621	\$203,272			
38	Feb-12	30,197	\$3,120,655	\$166,066			
39	Mar-12	29,766	\$4,032,307	\$246,947			
40	Apr-12	29,016	\$3,871,268	\$232,994			
41	May-12	28,329	\$4,048,999	\$275,162			
42	Jun-12	27,587	\$3,381,287	\$264,690			
43	Jul-12	27,034	\$4,590,031	\$320,025			
44	Aug-12	26,583	\$5,188,075	\$308,272			
45	Sep-12	26,226	\$5,297,481	\$346,054			
46	Oct-12	25,783	\$5,842,245	\$389,154			
47	Nov-12	25,399	\$5,170,370	\$370,249			
48	Dec-12	25,219	\$6,724,740	\$561,915			

Start Month	End Month	Members Months	Medical Total Incurred Claims	Pharmacy Total Incurred Claims	One Year Trends		
					Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	363,850	50,010,323	3,467,326			
Jan-10	Dec-10	428,501	58,210,034	3,689,027			
Jan-11	Dec-11	408,922	61,530,543	4,002,510			

Jan-12	Dec-12	332,095	54,747,081	3,684,800			
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Part II – Written Explanation of the Rate Increase

This is a new product filing for Form TIM14.POL.CO. Therefore, there are no existing rates or policyholders on these forms, so there is no rate increase to explain.

This is an Individual Major Medical product which covers the Essential Health Benefits (EHB) as required under the Affordable Care Act (ACA). The development of the rates for this product is detailed in the Actuarial Memorandum.

Assurant Health - Individual Medical
Appendix E: 2014 Projection
CO

Member Months	184,160
Allowed Claims Per Member Per Month (PMPM)	475
Incurred Claims PMPM	308
Reinsurance (Net of Contributions) PMPM	41
Projected Premium PMPM	365
Projected Loss Ratio (Equivalent to 80% Medical Loss Ratio)	73.0%

ACTUARIAL MEMORANDUM and CERTIFICATION
for
TIME INSURANCE COMPANY
in
Colorado
on
Form TIM14.POL.CO

The purpose of this rate filing is to bring rates into compliance with the 2014 Affordable Care Act (ACA) requirements and to demonstrate the reasonableness of benefits in relationship to premiums. This rate filing is not intended for other purposes.

Assurant Health is the marketing name of the legal entities Time Insurance Company and John Alden Life Insurance Company. Assurant Health will administer, issue, and insure this block. These legal entities offer identical products with the same rates, administrative systems, and processes.

1. General Information:

- | | |
|--|--|
| a. Insurance Company Name | Time Insurance Company |
| b. State | Colorado |
| c. HIOS Issuer ID | 39060 |
| d. Market | Individual Major Medical |
| e. Effective Dates | January 1, 2014 – December 31, 2014 |
| | |
| f. Primary Contact Name | Beth Schmitz |
| g. Primary Contact Phone # | 414-299-8659 |
| h. Primary Contact E-mail Address | Beth.Schmitz@Assurant.com |
| | |
| i. General Policy Description: | |
| This rate filing is for non-grandfathered individual major medical plans which cover the Essential Health Benefits (EHB) as required under the Affordable Care Act (ACA). These plans are guaranteed issue and guaranteed renewable as defined under the ACA and HIPAA. Plans are marketed through general agencies, brokers, wholesale arrangements, and direct-to-consumer. In 2014, Assurant Health will only sell plans outside of the public health exchanges in this state. Coverage beyond age 65 will be secondary to Medicare. Premiums are on an attained age basis and will increase with age. Premiums also vary by plan design, tobacco status and geographic area. In 2014, only the oldest three dependents under age 21 will be charged a premium rate for a given policy. | |

2. Proposed Rate Increase:

This is a new product filing. Effective 1/1/2014, Assurant Health will offer a new portfolio of plans in the Individual Market. Existing non-grandfathered customers will be

discontinued from their current contract and moved to this new contract upon their plan year beginning on or after 1/1/2014. Appendix A shows the development of base rates for this new product. The remaining sections of the memorandum detail the assumptions we used to develop rates.

Please note that our rating methodology differs from that outlined in the Unified Rate Review Template. Rather, the Unified Rate Review Template represents information required by Federal Regulation. The following sections note any differences between the Unified Rate Review Template and the pricing methodology we used to develop rates.

3. Experience Period Premium and Claims

We prepared the Unified Rate Review Template using state and legal entity specific non-grandfathered experience in order to comply with Department of Health and Human Services (HHS) requirements. For the purpose of estimating the average risk of the 2014 market, grandfathered and non-grandfathered experience of Time Insurance Company and John Alden Life Insurance Company was reviewed together. This combined experience was used in order to develop an actuarially appropriate prediction of the market wide per member per month risk and standardized claim cost in 2014. The same experience basis is used for both the pricing methodology and the development of factors that will address the impact of the Risk Adjustment program on premium rates. This process is described in more detail below.

Experience Period: The experience period is claims incurred and premium earned from January 1, 2012 through December 31, 2012.

Paid Through Date: The date through which payments have been made on claims incurred during the experience period is February 28, 2013.

Premiums (Net of MLR Rebate) in Experience Period: In the Unified Rate Review Template, the earned premium prior to Medical Loss Ratio (MLR) rebates for the Calendar Year 2012 experience period was \$29,675,830. Earned premium was not adjusted for any reductions prescribed when calculating the MLR, such as taxes and assessments. The MLR rebates for the experience period are estimated at \$0.

The financial actuarial team estimates accrued premium refunds required under Federal Minimum Loss Ratio regulations for the Individual Medical and Group Medical insurance business. The team projects incurred claims, earned premiums, and other elements and applies adjustments as outlined in Federal laws and regulations. These projections are performed on a state and market level basis and recent claims experience is adjusted for estimated claims reserves on a state level basis.

Allowed and Incurred Claims During the Experience Period: In the Unified Rate Review Template, the amount of incurred claims processed through our claim system for

the experience period 2012 is \$20,934,361. The best estimate of experience period claims incurred but not reported is \$701,783. The amount of allowed claims processed through our claim system for the experience period 2012 is \$38,155,819. The best estimate of experience period allowed claims incurred but not paid as of the paid through date shown above is \$17,221,457. Allowed claims are developed by subtracting ineligible charges and discounts from the total provider billed amount. Assurant Health has no capitation agreements.

The per member per month experience period allowed claims in our pricing methodology is based upon all Individual Medical experience within the state for Assurant Health. The methodology is demonstrated in Appendix A. Experience for limited benefit plans was not included. Furthermore, an adjustment was made in order to pool large claims across our block. Claims in excess of \$50,000 for a specific member and incurred month were removed from the experience, and then a nationwide average pooling charge was applied per member. All pricing components, including the base experience period data, are applied consistently across the single risk pool in the state and market for 2014.

Our financial actuarial team develops lag triangles for nationwide Individual Medical experience. These triangles are separately developed for Medical and Prescription Drug Card coverage. Specific large claims that are part of our case management program are removed from the Medical triangles and reserved for separately. Historical averages are used in order to calculate monthly completion factors for the remaining claims.

4. Benefit Categories

Inpatient services are those received during a patient's hospital stay and are included in the Inpatient Hospital Category. Outpatient services (e.g. lab tests, X-rays, and some surgical services) are those rendered by a facility within an outpatient setting. Professional services include primary care, specialist, therapy and other professional charges that are not included in facility fees. Other Medical services include charges for items that do not fall into the categories above, such as ambulance and durable medical equipment. The Other category is measured based upon distinct services or items provided. Retail and mail order pharmacy claims are included in the Prescription Drug category.

5. Projection Factors

Changes in the Morbidity of the Insured Population: The ACA will cause significant changes in average risk of the population insured in the Individual Market (IM). Some drivers of the population change will be guaranteed issue, the individual mandate, underwriting and rating changes and the availability of premium subsidies for lower income consumers. In addition, average morbidity will increase in 2014 because issuers are no longer allowed to exclude coverage for pre-existing conditions.

The 2014 Individual Market will encompass many distinct groups, including:

1. Individuals currently insured within the IM market. We expect some low cost individuals will choose to forgo coverage, because of expected rate increases that result from the compression or removal of allowed rating variation for demographic and health status characteristics. This is expected to increase the average cost in 2014.
2. The uninsured entering the Individual Market. In the first year, it is expected that new enrollees will either be subsidy eligible or the less healthy. We expect some of the healthy uninsured to delay coverage until the mandate becomes more punitive.
3. Employees who lose group coverage if employers opt to direct them to the IM exchange. This is more likely if the group employs low income individuals who will become eligible for a premium subsidy in 2014. We expect that this scenario is furthermore more likely in the small, rather than large, group market. Today's group market is less healthy than the IM market, so this migration is expected to increase the average cost of the IM population.
4. Individuals currently covered through the state/federal high risk pools and the conversion (or HIPAA) markets. To the extent these high risk individuals enter the IM market, it will increase the average cost of the insured population.

We have reviewed various scenarios and have determined a final estimate is that the morbidity of the insured population in Colorado will increase by 30%. We utilized the data within the "Cost of the Future Newly Insured under the Affordable Care Act (ACA)" study prepared by Optum Health and commissioned by the Society of Actuaries in order to assess possible scenarios and develop our assumption. In addition, we compared our estimates against various industry studies in order to validate the reasonableness of our results. We made the following key assumptions in our final cost increase estimate:

1. Medicaid will expand to cover low income individuals in Colorado.
2. The state high risk pool will terminate existing individuals in 2014.
3. There will be some portion of the currently uninsured population that will be slow to adopt the exchange purchasing process in 2014. In particular, there is a significant risk that healthy individuals that have only a small portion of their premium subsidized will make the decision to forgo insurance in 2014.

In addition to the expected change in the average risk of the insured population, we anticipate that there will be an increase in utilization relative to our experience period due to the pent up demand of the newly insured. When consumers are uninsured or underinsured, they may opt to delay healthcare services. Historically, approximately 30% of our sales have been to customers who did not previously have health insurance. These previously uninsured customers have claim experience that is significantly worse than those with prior coverage. This experience discrepancy is most pronounced in the first 6 months of coverage, when the experience relativity between these two cohorts is up to 20% higher than the ultimate relativity. We expect that the mandate to purchase insurance may temper the pent up demand of the newly insured entering the market in 2014. Therefore, the 2014 utilization on newly insured individuals will not have as large of a spike as our historical experience. Our assumption is that an additional 10% of our block will be newly insured individuals, with 10% higher than typical utilization in the first 6 months of coverage. This leads to an

adjustment of 0.5% within our pricing and claim projection.

Changes in Benefits: There is an adjustment of 3.5% within our pricing and claim projection to include new and expanded benefits in accordance with the EHB requirements of the ACA. The table below lists the estimated additional cost associated with each new benefit. The Pediatric Dental expense was estimated using commercial group experience for 2011 and 2012 from our sister segment, Assurant Employee Benefits. The remaining estimates are based upon purchased data of experience of a standard population.

Benefit	Estimated Additional Cost
Mental Health and Substance Abuse	1.2%
Pediatric Vision	0.4%
Private Duty Nursing	0.3%
Pediatric Dental	1.6%
GRAND TOTAL	3.5%

In addition, it is expected that the average actuarial value of our block will increase from approximately 60% to approximately 65% after the change to standardized Bronze, Silver, Gold and Platinum metallic plans. Furthermore, approximately 30% of business within our experience data is on a plan that has an actuarial value of 55% or less. We expect that richer benefits in 2014 will induce demand for healthcare services that is higher than the average utilization within our base experience. We assume that future Silver plans will have utilization that is 3% higher than our average current experience, Gold will be 8% higher, and Platinum will be 15% higher. Based upon our expected split of plans by metal level, we have adjusted our experience period claims by 1.6% in order to account for this benefit level driven increase in utilization.

Other Adjustments: We made an adjustment of 0.1% within our pricing and claim projection in order to account for expected worsening in Preferred Provider Organization (PPO) discounts in 2014 relative to the 2012 experience period. Our expected PPO discounts are developed by using a combination of experience and reported data from the networks that we lease.

Trend Factors (cost/utilization): The effects on future claims of inflation, advancing medical technology and techniques, and increased utilization and cost shifting are accounted for by an annual secular trend assumption of 10.5%. This is an allowed claims trend factor. This trend was developed from historical experience of our nationwide block. Please see Appendix B for further detail. Experience was trended for 24 months, from the mid-point of 2012 to the mid-point of 2014.

6. Credibility Manual Rate Development

The manual rate reflects the Assurant Health Individual Medical 2012 nationwide allowed

claims per member per month (pmpm). This allowed pmpm value has been adjusted to address the following needs:

1. Adjust the nationwide claims to reflect the Assurant Health distribution by age and tobacco use in Colorado.
2. Remove the impact of claims experience from Colorado (to avoid double counting this experience in the rate development).
3. Adjust to reflect the specific utilization and charge level patterns of Colorado.

External data, in conjunction with claims experience from 2011, is used to determine the Colorado to nationwide expected cost relativity. In order to determine this relativity for 2011, regression analysis is used holding age, gender, and smoking status constant. If 2011 experience in Colorado is not fully credible, the state relative cost factor is blended with a state relative cost factor developed using Truven Analytics MarketScan® 2011 database. Controlling for age and gender, regression analysis on the Truven database produced the state to nationwide allowed cost relativity. The 2011 and Truven blended relativity factor is referred to as the manual state factor.

A regression based on nationwide 2012 allowed claims experience was used to smooth allowed claim levels by age, gender, and smoking status. From this regression, predicted allowed claims were calculated at each age and smoking status combination. These allowed pmpm claim levels are applied to the Colorado distribution of membership by age, gender, and smoking status and summed. In addition, an adjustment is applied to remove the influence Colorado claims have on the nationwide average claims.

The manual state factor is multiplied by adjusted 2012 national claim levels as described in the previous paragraph to calculate the manual pmpm allowed claims in the state. The manual rate is blended with the base period rate as described in the credibility section below.

The manual rate was adjusted to the 2014 pricing period using the projection factors listed in the section above.

7. Credibility of Experience

The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

Based upon Colorado credibility methodology, our Colorado pooled experience as used within pricing is 100% credible. The unpooled base experience as used in the Unified Rate Review Template is also 100% credible.

8. Paid to Allowed Ratio

Our projected Paid to Allowed Ratio is .647.

The Actuarial Value (AV) Calculator provided by HHS produces values that are very close to our historical paid to allowed ratios on an aggregate basis. Therefore, we determined it was reasonable to use the HHS AV calculator to develop estimates of the paid to allowed ratio of our 2014 insured population. Moreover, in order to develop the projected Paid to Allowed Ratio, we estimated the AV for each of our current customers. We then assumed that any customer with a current plan with an AV of less than 65% will choose a Bronze plan in 2014. Furthermore, we assumed that customers that currently have a plan with an AV between 65% and 75% will choose a Silver plan; customers between 75% and 85% will choose a Gold plan; the remaining customers will choose a Platinum plan.

9. Risk Adjustment and Reinsurance

Risk Adjustment: In 2014, the ACA establishes a Risk Adjustment Program that will allow issuers to set premiums according to the average actuarial risk in the individual and small group market without respect to the type of risk selection the issuer would otherwise expect. The ACA establishes a standard quantification of risk with the HCC-HHS risk scoring model. In order to set premiums according to the average risk, Assurant Health must estimate our risk relative to the state average individual major medical risk.

To establish this estimate, Assurant Health participated in the Wakely National Risk Adjustment Simulation Project (WNRASP). In this project the Wakely Consulting Group quantified risk using the HCC-HHS model that Health and Human Services (HHS) developed for implementation in 2014. Wakely conducted risk simulations in individual and small group markets only when 75%+ of the state wide membership was represented. Health plans covering these members used claim experience to determine plan liability risk scores consistent with the HCC-HHS methodology. Health plan specific liability risk scores along with allowable rating factors are compared to the scores of all market participants consistent with the methodology set forth in the Risk Adjustment Program.

The WNRASP results provided to Assurant Health quantify the difference in the risk of the Assurant Health book of business relative to the state and market average risk. The state result is adjusted to the extent that base period data was less than 100% credible, in order to be on a consistent basis with the index rate for the state. The final result for use in our pricing methodology was a 0.94 risk score. This indicates that Assurant Health business practices (e.g. distribution methods and underwriting) and member selection patterns have created a book of experience with 6% lower costs. Our pricing was adjusted by a factor of 1.0/0.94 to represent the average actuarial risk, as shown in Appendix A. This multiplicative adjustment is consistently applied across all plans within the state.

Reinsurance Recoveries: In 2014, the ACA has a Reinsurance Program that will reimburse carriers 80% of claim costs between \$60,000 and \$250,000 per member. We have made a negative 15.0% adjustment to our expected claim costs within our pricing in order to account for expected reinsurance recoveries. This adjustment is consistently applied across all plans within the state. Our reinsurance recovery assumption was developed using Truven Health MarketScan® Research Databases that is representative of a standard population and with

coverage similar to the ACA EHB package. The exposure and claim data was limited to members that had complete data and were on a non-capitated basis. In addition, the claim data for each member was trended to 2014 and a utilization adjustment was made to scale claims to the appropriate cost sharing level. The reinsurance formula was applied by member, and the result was divided by total paid claims on the same adjusted basis. This process was done to estimate a reinsurance recovery factor for each plan metal level. The final composite factor above was developed based upon our expected mix of Bronze, Silver, Gold and Platinum business.

Reinsurance Contributions: The Reinsurance Program is funded by a fee of \$5.25 per member per month. We have increased our expected claim costs within our pricing development by 2.0% in order to cover this fee. In order to maintain compliance with the required relativity of prices by age, we have applied the adjustment on a multiplicative basis. Our adjustment factor was developed by dividing \$5.25 by the expected total per member per month claim costs in the state.

10. Non-Benefit Expenses and Profit & Risk

The table below lists the expected Non-Benefit Expenses and Target Profit for Assurant Health in Colorado. The pricing load to cover these expenses is applied consistently across products and plans. These items are discussed in detail in the following paragraphs.

Expense Category	% of Premium
General and Administrative	11.00%
Commissions and Sales Bonus	6.50%
Managed Care and Cost Containment	3.00%
Quality Improvement	0.50%
Net Investment Income	-2.50%
Taxes, Fees and State Assessments	2.69%
PPACA Health Insurer Fee	1.50%
PPACA PCORI Fee	0.05%
PPACA Risk Adjustment User Fee	0.02%
Federal Income Taxes	3.00%
Profit and Risk Margin (After Tax)	3.00%
Reduction in Margin to Reach 73% Loss Ratio	-1.76%
Total	27.00%

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the ACA. The calculation of the Medical Loss Ratio is shown in the Projected Loss Ratio section. The final priced for Total Non-Benefit Expenses and Profit is 27.0%. This will result in an actual margin for risk and profit that is lower than the target shown above.

In addition, please note that expenses for each functional area within the company are recorded at a nationwide level. Expense assumptions for a state and product are allocated and represented on a percent of premium basis. This percent of premium representation of expenses is consistent with our actual to expected loss ratio pricing methodology.

Administrative Expense Loads: General and Administrative Expenses: This category accounts for the expenses of administering the business, such as claim payment expenses. The assumption was derived from actual expenses in 2012 relative to actual revenue. Total revenue for Assurant Health is expected to slightly decline in 2013 and then again in 2014. Therefore, it is appropriate to assume the 2012 expense ratio will not be leveraged in 2014. In developing this expense assumption, underwriting expenses were adjusted due to the reduction of staff within the underwriting functional area that will occur in response to the 2014 market rules.

Commissions and Sales Bonus: This is a variable expense that represents the cost of acquiring business. Our commission schedules and bonus campaigns will be set to 6.5% of premium.

Managed Care and Cost Containment Expenses: This is a variable expense that accounts for expenses incurred in order to reduce claims costs, such as access fees paid to the Preferred Provider Organization Networks that are leased on behalf of our customers. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Quality Improvement Expenses: This category accounts for expenses incurred in order to improve the quality of healthcare. Quality Improvement Expenses are added to claim payments in the Medical Loss Ratio Calculation. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Net Investment Income: This category accounts for investment income earned on reserves and surplus. This assumption was derived from our actual current net investment income ratio.

Profit & Risk Margin: Our targeted after tax margin for risk and profit is 3% of premium. The pricing load for this 3% after tax margin is applied consistently across products.

Taxes and Fees: Health Insurer Fee: \$8 billion will be collected nationally for this fee in 2014. The fee is based on our share of the total market premium. It is estimated that this fee will be 1.5% of premium. Furthermore, this fee is not deductible from federal income taxes.

State Premium Taxes and Assessments: This is composed of a 2% state premium tax and

0.63% for Other Regulatory and Miscellaneous Fees.

PPACA PCORI Fees: \$2 per member per year (2/12/365.28)

PPACA Risk Adjustment User Fee: \$0.08 per member per month (.08/365.28)

Income Taxes: Federal Income Taxes are expected to be 3% of premium, calculated as $((6\% + 1.5\%) \times 40\%)$, where 6% is the pre-tax profit margin, 1.5% is the non-deductible ACA health insurer fee cost and 40% is an approximation of the federal income tax rate for Assurant Health. Please note that our effective federal income tax rate is expected to be greater than the standard 35% due to the non-deductibility of certain internal and external individual compensation. This non-deductible compensation is incurred within non-health insurance lines of business from our parent company, Assurant, Inc.

Exchange User Fees: We will only issue business off the exchange in this state in 2014. Thus, there is no exchange user fee to cover.

11. Projected Loss Ratio

The projected future loss ratio for the period of 1/1/2014 through 12/31/2014 is 73.0%. Our premium rate was developed by dividing projected incurred claims by the priced for loss ratio.

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the Affordable Care Act. A calculation of the projected Medical Loss Ratio (MLR) is shown below:

$$\begin{aligned} \text{MLR} &= (\text{Claims} + \text{Quality Improvement Expense}) / (\text{Premium} - \text{Taxes and Fees}) \\ &= (A + B + C) / (D - E - F - G) \\ &= (73.0\% + 0.5\% + 1\%) / (100\% - 3.5\% - 1.5\% - 2\%) \\ &= 80\% \end{aligned}$$

Where:

- A is Incurred Claims, net of Reinsurance and Risk Adjustment Transfers
- B is Expenses for Improvement in the Quality of Healthcare
- C is an adjustment due to the state level aggregation of the MLR calculation
- D is premium
- E is state premium taxes and other assessments and fees
- F is the Health Insurer Fee
- G is Federal Income Taxes (excluding taxes on profit due to Investment Income)

The 1% adjustment due to the state level aggregation of the MLR calculation, which is labeled C above, is included because of the inherent statistical fluctuation expected in state level loss ratios. State level MLRs will vary from 80%, even if our total nationwide MLR comes in exactly as priced for at 80%. Therefore, pricing to an 80% MLR will lead

to a necessity to pay rebates in certain states. This will result in a post rebate loss ratio above 80% on a nationwide basis. A hypothetical example is illustrated below.

State	Premium	Claims	Loss Ratio	Credibility Adjustment	Rebates	Post Rebate Loss Ratio
A	100	75	75%	3%	2	77%
B	100	85	85%	0%	0	85%
Total	200	160	80%		2	81%

In order to mitigate this situation, we made a 1% adjustment to our priced for loss ratios. If applicable, rebates will be paid to customers in accordance with federal regulations and based upon actual experience.

12. Index Rate

The Index Rate is the estimated total allowed claims per member per month for all non-grandfathered plans for all essential health benefits within the state. This figure does not include adjustments for Reinsurance or Risk Adjustment transfers. There are no material covered benefits in excess of the Essential Health Benefits. Please see Appendix A for detail on the projected 2014 Index Rate calculation. Also, please see the Rate Algorithm Explanation Section below for details on how rates are calculated relative to the Index Rate.

13. AV Metal Values

The HHS Actuarial Value Calculator (AVC) was used to generate the AV values and metal values for the majority of the plans in our portfolio. There are a select number of Assurant Health plans that use an acceptable alternative methodology to generate AVs. The methodology used to develop these plans' AVs is detailed below.

1. Specialty High-Cost Drugs

Applicable Plans: Bronze 4, Bronze 5

Specialty Drugs for Assurant Health plans with a separate Rx deductible/coinsurance will go towards the medical deductible/coinsurance. The HHS AVC does not allow for the user to specify that specialty drugs should go to the medical deductible and coinsurance when inputting a plan design with a separate drug deductible. The following is a table detailing the average cost and scripts from the Bronze Rx continuance table in the HHS AVC:

Rx Category	Avg Cost per EE	Avg Scripts	% of Total Scripts
Generics	\$178.03	5.94	59.2%
Preferred Brand	\$534.99	3.55	35.4%
Non-Preferred Brand	\$117.58	0.51	5.1%
Specialty High-Cost	\$102.41	0.04	0.3%
Total	\$933.01	10.04	100%

Since the frequency of specialty high-cost drugs is very low compared to the other drug categories, I am certifying that the impact of the specialty high-cost drugs being subject to medical deductible/coinsurance instead of drug deductible/coinsurance will be insignificant to the AV.

2. Rx Brand Deductible Accumulation

Applicable Plans: Bronze 4, Bronze 5

Based on the documentation in the HHS AVC, services that have both deductibles and copays will be valued as though the copay is paid first, with the remainder going towards the deductible. However, for our plans with a separate drug deductible, the copays will only apply after the deductible is reached. To account for this, we have determined the equivalent coinsurance rate for the brand drugs and used that in place of the brand copays.

Plan	Brand Copay (pref/non-pref)	AV w/ no Rx Ded	Equivalent Coins
Bronze 4	\$50/\$75	62.1%	61%/61%
Bronze 5	\$50/\$75	62.8%	61%/61%

3. Office Visit Limits

Applicable Plans: Bronze 2, Silver 2, Silver 4

Office visit copay limits for Assurant Health plans will apply to primary care and specialty care office visits in total. The HHS calculator only allows for the user to apply copay limits to primary care visits. The average frequencies for office visits from the bronze and silver copay limits are detailed below:

	Avg Frequency - PCP	Avg Frequency - SP	Total	PCP % of Total
Bronze Combined Table	1.36	0.90	2.26	60%
Silver Combined Table	1.57	0.94	2.51	63%
			Assumed PCP % of Total	60%

Using the assumption that 60% of office visits are primary care, the table below details the number of visits that would be primary care vs. specialty for a 4 total visit limit and a 10 total visit limit.

Visit Limit	PCP %	PCP Visits	SP Visits
4	60%	2	2
10	60%	6	4

Therefore, for a plan with a 4 copay limit, a 2 copay limit was inputted for primary care, and likewise for a 10 visit limit, a 6 copay limit was inputted. The value calculated below for the Bronze 2 plan was subtracted from the HHS AV to account for the visit limits on specialty care. For the silver plans, moving from an unlimited PCP copay to a 4 copay limit has a negligible effect on the AV. Therefore, I am certifying that the AV impact of a specialist copay limit on the Silver 2 and Silver 4 plans will be insignificant.

	Bronze 2
AV No Copay (a)	59.0%
AV Unlimited \$35 PCP Copay (b)	61.3%
AV 2 Visit \$35 Copay (c)	60.2%
Impact of No copay to unlimited (d = b-a)	2.3%
Impact of No copay to X visit limit (e = c-a)	1.2%
Net Impact (f = (d-e)/d)	48%
AV Unlimited \$35 SP Copay (g)	60.5%
Est. AV Impact of 2 Visit SP Limit (h = -(g-a)*f)	-0.7%

Plan	AV Impact
Bronze 2	-0.7%
Silver 2	0.0%
Silver 4	0.0%

4. \$500 First Dollar D/X/L Benefit

Applicable Plans: Silver 3, Silver 4

Assurant Health will have two silver plans that have a \$500 first dollar Lab and X-Ray benefit. In order to evaluate the actuarial value of this benefit, a new continuance table had to be created since the HHS AVC cannot calculate the impact of first dollar benefits.

The claim cost basis was selected as the actuarial continuance tables of the HHS AVC. The

continuance tables of the HHS actuarial tables are comprised of claim costs segregated by service category, plus an allowance for additional claim costs expected from high risk pools. Continuance tables were built to remove the additional cost of the high risk tables. The value added to the tables was a set dollar amount, without allocation to the separate service category claim costs. Two aggregate tables were built, one reflecting all service categories and the second reflecting all service categories without Lab and X-Ray, both of these tables excluding the high risk pool additional costs.

Expected claim costs were developed for each metal level at a deductible level that generates the prescribed metal actuarial value, with an integrated medical and drug deductible.

A continuance table of Lab and X-Ray benefits was built from data from Milliman. The table was adjusted so that total claim costs of Lab and X-ray benefits were equal to the amount of claims for Lab and X-Rays under each metal benefit level. The continuance table was split into professional and technical by the use of a level proportion across all average claim levels.

The continuance table was utilized to derive a \$500 first dollar coverage benefit. Remaining claims were then applied to the base plan deductible. Each metal plan continuance table was relied on to derive this value.

Below are the calculations of the \$500 first dollar lab and X-ray benefit resulting from the process described above:

	Silver 3	Silver 4
Claim Cost of Plan at Metal Level (a)	\$3,236	\$2,862
- includes all medical and pharmacy benefits		
Claim Cost of Plan at Metal Level (b)	\$2,941	\$2,596
- no benefits for Lab and X-Ray		
Value of Lab and X-Ray (c)	\$164	\$164
- first dollar benefits, up to \$500		
Additional Value of Lab and X-Ray, applied against deductible (d)	\$167	\$155
- includes an estimate of impact of deductible		
New Estimate of Medical Claim Cost e = (b+c+d)	\$3,272	\$2,915
Rider Add-on Cost (e/a-1):	1.1%	1.8%

Plan	AV Impact
Silver 3	1.1%
Silver 4	1.8%

5. One Deductible Plans

Affected plans: 1-Ded Bronze 1, 1-Ded Bronze 2

The One Deductible product design consists of a single family deductible for plans with more than 1 member. The scope of this product design is outside those allowed by the HHS AVC.

A HHS continuance table was adjusted that replicated results of the Bronze level AV's from the HHS AVC, using an integrated deductible.

This Bronze-like continuance table was conjugated with itself to represent the expected claims of 2, 3, 4, 5, 6, or 7 members under a unified family deductible.

Expected member-level AV's are then developed from an inputted plan design, for each of seven different continuance tables. An aggregate plan level Actuarial Value is developed from a business weighting by family size. The following table shows the calculation of the aggregate.

Number of Members	Mix of Business	1-Ded Bronze 1 AV's	1-Ded Bronze 2 AV's
1	43%	61.0%	61.4%
2	19%	51.3%	51.9%
3	13%	55.4%	56.0%
4	15%	59.4%	59.7%
5	7%	63.1%	63.2%
6	2%	66.5%	66.3%
7+	1%	69.6%	69.1%
Aggregate Actuarial Value:		58.5%	58.9%

The plan portfolio for Assurant Health is included in Appendix C. Screenshots of the AV calculations can be found in Appendix D.

14. AV Pricing Values

The AV pricing values include the AVs, calculated as described above, in addition to an adjustment for utilization differences we expect due to plan cost sharing design. While we understand the difficulty in differentiating increased utilization from an increased risk profile, we do feel it is appropriate to adjust lower member cost sharing plans for increased utilization. In the Actuarial Value Calculator Methodology document released by HHS, HHS states that spending is affected by plan design through induced demand, and they in turn have explicitly differentiated and estimated the impact of induced utilization by metal level. An

internal study has confirmed that induced utilization is relevant and suggests that the HHS defined induced utilization factors for the 4 metal levels of 1.00, 1.03, 1.08, and 1.15, respectively, may be conservative. Results from the internal study are as follows.

LOB	Bronze Plan Liability Risk Score			Allowed Per Member Per Year			Induced Utilization ($g=(1+f)/(1+c)-1$)
	< \$5,000 Ded (a)	>= \$5,000 Ded (b)	Increase ($c=a/b-1$)	< \$5,000 Ded (d)	>= \$5,000 Ded (e)	Increase ($f=d/e$)	
IM	0.50	0.42	17%	\$ 2,897	\$ 2,059	41%	20%

Since we don't have enough credibility to determine separate induced utilization factors for each metal level, we are applying the prescribed HHS induced utilization factors used in the HHS risk score to our plans. The reference plan used for the basis of calculating the AV pricing values is a \$0 cost share plan with an actuarial value of 1.0.

Please see the Rate Algorithm section below for further information regarding the adjustment in pricing of the Catastrophic Plan relative to the AV.

15. Membership Projections

Please see Appendix E for projected experience in 2014. Our projection of member months was developed by taking our recent sales and lapse rates and applying them to current membership. Member months were projected through the end of 2014. We have assumed that the size of the Individual Market outside the exchange will remain relatively stable through 2014. Therefore, our recent historical sales and lapse rates will provide a reasonable estimation of the future because Assurant Health will only sell outside the public exchange in 2014 in Colorado. Furthermore, note that there will be no cost sharing reduction subsidies applicable to our block of business. Also, please note that while our Non-Grandfathered Block is increasing in size, our Grandfathered block is decreasing because there are no new entrants. Nationwide, our total block size in 2014 is expected to remain relatively stable relative to our current block.

16. Terminated Products

Non-grandfathered products on forms TIM.POL.CO, 253 and 553 will be discontinued beginning 1/1/2014. These products are included in the experience period data.

In addition, all products on forms 494 and 497 will be discontinued.

17. Plan Type

All 2014 Individual Medical Plans will be PPO plans.

18. Warning Alerts

Warning alerts from the unified rate review template are explained below:

1. A warning appears because the index rate for the projection period that we entered in cell v44 is greater than the projected allowed experience claims calculated in worksheet 1 cell V32 of the URRT. We feel that this difference is justified because the index rate is using our actual pricing data and methodology, which is slightly different than that used on the unified rate review template. These differences are explained in the actuarial memorandum.
2. A warning also appears in rows 86, 93, and 98 of worksheet 2 because of a difference in total allowed claims and total incurred claims. The worksheet asks for the totals, but the warning checks against the totals after reinsurance and risk adjustments instead of the true total.
3. A warning appears in row 82 of the URRT worksheet 2 because the total premium does not equal worksheet 1. The premium difference is well under 1% and is caused by our method of rounding off the total projected member months to a whole number.

19. Effective Rate Review Information**1. Assumption, Acquisition, or Merger**

The products included in this rate filing are not part of an assumption, acquisition, or merger.

2. Underwriting

The underwriting application process will be limited to eligibility verification.

3. Effect of Law Changes

The effects of the Affordable Care Act are addressed throughout the actuarial memorandum.

4. Rate History

This is a new product, so there is no rate history.

5. Coordination of Benefits

This rate filing reflects actual loss experience net of any savings associated with coordination of benefits and/or subrogation.

20. Rate Algorithm Section

The Index Rate is translated to a Base Rate for the state based upon a 21 year old non-tobacco user (1.0 factor), as illustrated in Appendix A. The following adjustments, as shown in the attached rate algorithm manual, are made to the base rate in order to develop the final rate for a specific member:

1. Multiplied by an Age factor as specified for the state.
2. Multiplied by a Tobacco factor. The tobacco factor is 1.14 for ages 21 and older. The non-tobacco user factor is 1.0.
3. Multiplied by a Rating Area factor. Area factors were developed using internal company pre-discounted allowed claim experience. In areas that were less than 100% credible, internal experience was supplemented with consultant data. The Area factor is constant across all plans and is balanced to equal 1.0 in total for the state.
4. Multiplied by a PPO network factor. PPO factors were developed using internal company discount experience in conjunction with reported discounts from the network. The PPO factor is constant across all plans and is balanced to equal 1.0 in total for the state.
5. Multiplied by a Reinsurance Adjustment factor. This factor was developed as described in the section above. This factor is separate from the 21 year old base rate in order to provide flexibility to update in future years, as the Reinsurance Program changes.
6. Multiplied by a Plan Actuarial Value factor and a Metal Level Utilization factor. These factors are used to incorporate the appropriate price relative to the actuarial value and cost-sharing design of the plan. These factors are based upon expected benefit level differences given a common population, and in no way reflect differences in expected population risks between plans.
7. Multiplied by a Catastrophic Plan Factor. We assumed that the catastrophic plan population will almost entirely consist of consumers under age 30, thus, the younger consumers on this plan will not need to subsidize older consumers. Therefore, to develop our Catastrophic Plan adjustment factor, we have estimated and removed the impact to the 18-30 year old price that was specifically due to the change from our current age slope to the new state specified 3:1 age slope.
8. Multiplied by a Trend Factor. This is set to a 1.0 for 2014.


21. Reliance

In developing this rate filing I relied upon information provided by others within my department, as well as on information provided by other departments within the organization. I have reviewed this information for reasonableness, and I consider it to be reliable.

22. Actuarial Certification

I am a member of the American Academy of Actuaries. To the best of my knowledge and judgment,

1. This rate filing is in compliance with the applicable laws and regulations concerning premium rate development in this state and the benefits are reasonable in relationship to premiums.
2. The projected index rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations.
 - b. Developed in compliance with the Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
3. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
5. The HHS AV Calculator was used to determine the AV Metal Values for all plans shown in Worksheet 2 of the Part I Unified Rate Review Template except for those documented in this memorandum. The AV values for those documented in the memorandum were developed based on one of the acceptable alternative methods and are in accordance with generally accepted actuarial principles and methodologies.



Beth Schmitz, FSA, MAAA
Director – IM Actuarial
7/2013

ACTUARIAL CERTIFICATION

Time Insurance Company

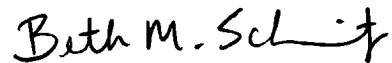
Individual Major Medical Form TIM14.POL.CO

Colorado

I, Beth Schmitz, am a member of the American Academy of Actuaries.

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations concerning premium rate development of this state and the benefits are reasonable in relationship to premiums.

In my opinion, the rates contained in this filing are not excessive, inadequate, or unfairly discriminatory.



Beth M. Schmitz, FSA, MAAA
Director, IM Actuarial
6/6/2013

Appendix F: Smoker Factor Justification

Assurant Health - Individual Medical Nationwide 2011 and 2012 Experience By Tobacco Status Actual Claims are on an Unpooled Pre-Discount Allowed Basis

<u>Age</u>	<u>Nationwide Actual Non-Tobacco PMPM</u>	<u>Nationwide Actual Tobacco PMPM</u>	<u>Tobacco / Non Tobacco Ratio</u>	<u>Nationwide Tobacco User Member Months</u>	<u>Original Colorado Tobacco Factor</u>	<u>Age Slope Factor</u>	<u>Age Slope Adjusted Mix of Business</u>
21	228	214	0.94	1,538	1.00	1.000	0.3%
22	241	212	0.88	2,398	1.01	1.000	0.4%
23	237	348	1.47	3,367	1.02	1.000	0.6%
24	217	268	1.24	4,252	1.03	1.000	0.7%
25	220	198	0.90	5,811	1.05	1.004	1.0%
26	214	188	0.88	8,663	1.06	1.024	1.5%
27	256	165	0.65	8,594	1.08	1.048	1.5%
28	272	243	0.89	8,545	1.09	1.087	1.6%
29	295	387	1.31	8,342	1.09	1.119	1.6%
30	338	274	0.81	8,409	1.10	1.135	1.6%
31	297	305	1.03	8,805	1.13	1.159	1.7%
32	315	470	1.49	8,424	1.15	1.183	1.7%
33	321	451	1.40	8,063	1.15	1.198	1.6%
34	321	329	1.03	8,062	1.15	1.214	1.7%
35	334	684	2.05	7,631	1.15	1.222	1.6%
36	299	407	1.36	7,426	1.15	1.230	1.5%
37	300	428	1.43	7,165	1.15	1.238	1.5%
38	328	209	0.64	7,041	1.15	1.246	1.5%
39	308	311	1.01	7,586	1.15	1.262	1.6%
40	339	527	1.55	8,368	1.15	1.278	1.8%
41	382	440	1.15	8,836	1.15	1.302	1.9%
42	359	353	0.98	8,516	1.15	1.325	1.9%
43	386	375	0.97	8,471	1.15	1.357	1.9%
44	413	344	0.83	8,406	1.15	1.397	2.0%
45	400	508	1.27	8,421	1.15	1.444	2.1%
46	481	514	1.07	9,036	1.15	1.500	2.3%
47	496	418	0.84	9,960	1.15	1.563	2.6%
48	457	565	1.24	10,781	1.15	1.635	3.0%
49	492	602	1.22	11,330	1.15	1.706	3.3%
50	510	603	1.18	11,598	1.15	1.786	3.5%
51	560	656	1.17	11,490	1.15	1.865	3.6%
52	564	744	1.32	11,666	1.15	1.952	3.9%
53	581	708	1.22	10,995	1.15	2.040	3.8%
54	624	742	1.19	10,223	1.15	2.135	3.7%
55	658	900	1.37	9,793	1.15	2.230	3.7%
56	618	1,037	1.68	9,630	1.15	2.333	3.8%
57	666	925	1.39	8,648	1.15	2.437	3.6%
58	768	663	0.86	8,021	1.15	2.548	3.5%
59	753	1,025	1.36	7,733	1.15	2.603	3.4%
60	774	1,056	1.36	7,422	1.15	2.714	3.4%
61	822	1,139	1.39	6,921	1.15	2.810	3.3%
62	807	1,077	1.33	6,466	1.15	2.873	3.1%
63	836	935	1.12	6,126	1.15	2.952	3.1%
64	884	959	1.08	5,262	1.15	3.000	2.7%

Original Composite Tobacco Factor 1.14
--

Composite Factor is the product of the Age Adjusted Mix of Business and the Original Tobacco Factor
The Colorado Tobacco is limited to 1.15 based on Colorado law.

Appendix G

Assurant Health - Individual Medical
Colorado Rating Area Factor Development Support
Allowed Claims are on an Pre-Discount Allowed Basis

Rating Area	Member Months - 2012	Split of Business	Total IM Member Months - Total 2011 and 2012	PMPM Allowed Claims -Total 2011 and 2012	AH Credibility	AH Rating Area Cost Relativity to Total State	Consultant Data Rating Area Cost Relativity to Total State	Cost Adjustment Factor*	Raw Rating Area Factor	FINAL Rating Area Factor**
1	27,907	9%	61,429	500	87%	1.12	0.91	0.950	1.04	1.06
2	35,245	11%	79,315	380	98%	0.85	0.91	1.000	0.86	0.87
3	115,496	37%	252,725	467	100%	1.05	1.10	1.000	1.05	1.07
4	22,667	7%	51,920	358	80%	0.80	0.94	1.050	0.87	0.89
5	4,914	2%	11,450	314	37%	0.71	0.81	1.050	0.81	0.83
6	19,275	6%	44,202	374	73%	0.84	0.89	1.000	0.85	0.87
7	3,092	1%	7,341	395	30%	0.89	1.07	1.000	1.01	1.03
8	11,484	4%	25,013	458	55%	1.03	0.84	1.000	0.94	0.96
9	7,152	2%	15,259	559	43%	1.26	0.84	1.000	1.02	1.04
10	31,210	10%	67,653	425	91%	0.96	0.84	1.000	0.95	0.97
11	31,640	10%	69,084	517	92%	1.16	0.84	0.900	1.02	1.04
TOTAL	310,082	74%	508,382	445					0.980	1.000

* Rating Areas 1, 4, 5, and 11 are manually adjusted. We wish to wait for 2014 experience to develop prior to setting an area factor that is much higher/lower than the rest of the state.

** Final Area Factors are adjusted to maintain a 1.0 average relativity to the statewide developed base rate

Assurant Health - Individual Medical
Appendix B: Trend Exhibit

Benefit Category	% of Claim Dollars	Utilization (Increase in Number of Services)	Severity (Increase in Cost per Service)	Allowed Trend (Utilization * Severity)
Professional	30%	1.04	1.02	1.064
Inpatient Hospital	24%	1.09	1.02	1.115
Outpatient Hospital	32%	1.09	1.02	1.115
Other Medical	3%	1.09	1.20	1.312
Prescription Drug	12%	1.08	1.03	1.112
Total	100%	1.08	1.03	1.105

Historical levels				
2011 over 2010	100%	1.09	1.01	1.097
2010 over 2009	100%	1.06	1.02	1.078
2009 over 2008	100%	1.11	1.04	1.152
3 year average	100%	1.08	1.02	1.108
2 year average	100%	1.08	1.01	1.092

State Of Colorado
Health Rate Filing Form
Form HR-1

Reset Form

Must Be Completed For All Products		SERFF FILING # ASWX-G129048379	
1. Company: Time Insurance Company			
2. Person Responsible For Filing: Beth Schmitz		3. Title: Actuary	
4. Address Of Responsible Person: 501 West Michigan		5. Telephone #: (414) 299-8659 ext.	
6. Email Address: Beth.Schmitz@Assurant.com			
7. Type Of Coverage: PPO Other :			
8. Medicare Supplement: Select One Not Applicable <input checked="" type="checkbox"/>			
(1) Prestandardized Plan(s): (2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L (3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N			
9. Sub Category: Individual			
10. A. Group Information: N/A Select One Select One Select One B. Name of association or trust (<i>if applicable</i>): C. Description of discretionary group(<i>if applicable</i>):			
11. Colorado State Code(s): 850 Individual Select One <div style="display: flex; justify-content: space-between; font-size: small;"> Select One Select One Select One </div>			
12. Brief Filing Description (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): <div style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">Major Medical</div>			
13. Reason For Filing: <div style="margin-top: 10px;"> Increase In Benefits? Reduction In Benefits? Increase in Profits? Change Needed To Meet Projected Losses? Trend Only? Change In Rating Methodology? New Product (Initial Offering As Opposed To Rate Revision)? Other? (If other, please explain) </div>		<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div>	
14. Policy Form(s) Affected: TIM14.POL.CO			

15. If Rider Or Endorsement, Type Of Benefits? NA		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. Number Of Colorado Covered Lives (Including Employees And Dependents): 0		
18. A. Rating Period: Annual From 1/1/14 To 12/31/14 B. Experience Period: From To C. Reason for Rate Change: D. Average Change In Rates From One Year Prior To Effective Date: 0.00%	<input checked="" type="checkbox"/> N/A (New Product)	
19. A. Rate Change Without Trend: 0.00% B. Trend for Rating Period (if trend factor is used in rates): 0.00% C. Overall Rate Impact Change: 0.00%		
20. A. Current Underlying Annualized Trend Assumption (If Applicable): 0.00% B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable): 10.50%		
21. A. What Is The Maximum Rate Change That Can Affect A Policyholder? 0.00% B. What Is The Minimum Rate Change That Can Affect A Policyholder? 0.00% (If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios (On Colorado only basis)		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 76.00%		
B. Actual Benefits Ratio over Experience Period: 0.00%		<input checked="" type="checkbox"/> N/A (New Product)
23. A. Projected Benefits Ratio With Rate Change over Rating Period 0.00% B. Projected Benefits Ratio Without Rate Change over Rating Period 0.00%	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input checked="" type="checkbox"/> N/A (New Product)
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. Proposed Effective Date: January 1, 2014		
25. A. Total Annual Colorado Written Premium Before Change(s): \$ B. Total Annual Colorado Written Premium After Change(s): \$ C. Written Premium Change For This Product (Net Change): \$		<input checked="" type="checkbox"/> N/A (New Product)
26. A. Effective Date of Previous Rate Filing for this Form (including initial filing): B. Previous SERFF Filing Number(s): C. Overall Percentage of Last Rate Change for Affected Policy Forms: 0.00%		<input checked="" type="checkbox"/> N/A (New Product)
27. Experience Provided: <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado Select One <input type="checkbox"/> other (specify)		<input checked="" type="checkbox"/> N/A (New Product)
28. Small Group Filings Only: Unique Single Index Rate (Effective For All Small Group Plans):		NA

Assurant Health - Appendix C
2014 CO IM Plan Portfolio

											Drug Design					HSA	Actuarial Value
Metal Level	Plan	Plan Type	Deductible	Coinsurance	Total OOP	OV Copay	OV: Primary/Specialty	OV Limit	ER Access Fee	D/X/L Benefit	Tier 1	Tier 2	Tier 3	Tier 4	Rx Ded		
Bronze AV: 60%	1	Non 1-Ded	\$6,000	100%	\$6,000	None	N/A	N/A	\$100	None	Integrated					Y	59.2%
	2	Non 1-Ded	\$5,000	75%	\$6,350	\$35	Primary/Specialty	4	\$100	None	Integrated					N	61.3%
	3	Non 1-Ded	\$2,500	50%	\$6,350	None	N/A	N/A	\$100	None	Integrated					Y	61.6%
	4	Non 1-Ded	\$5,000	75%	\$6,350	None	N/A	N/A	\$100	None	\$25	\$50	\$75	N/A	\$500 Brand	N	60.9%
	5	Non 1-Ded	\$3,500	50%	\$6,350	None	N/A	N/A	\$100	None	\$25	\$50	\$75	N/A	\$500 Brand	N	61.8%
Silver AV: 70%	1	Non 1-Ded	\$3,500	100%	\$3,500	None	N/A	N/A	\$100	None	Integrated					Y	68.8%
	2**	Non 1-Ded	\$2,000	60%	\$6,350	\$30	Primary/Specialty	10	\$100	None	\$15	\$35	\$60	N/A	None	N	70.7%
	3**	Non 1-Ded	\$1,250	60%	\$5,000	None	N/A	N/A	\$100	\$500	Integrated					N	70.2%
	4**	Non 1-Ded	\$2,500	60%	\$6,350	\$30	Primary/Specialty	10	\$100	\$500	\$15	\$35	\$60	N/A	None	N	71.6%
Gold AV: 80%	1	Non 1-Ded	\$2,000	100%	\$2,000	None	N/A	N/A	\$100	None	Integrated					N	78.8%
	2	Non 1-Ded	\$0	75%	\$6,350	\$25	Primary/Specialty	Unlimited	\$100	None	\$15	\$35	\$60	N/A	None	N	81.7%
Platinum AV: 90%	1	Non 1-Ded	\$950	100%	\$950	None	N/A	N/A	\$100	None	Integrated					N	88.2%
	2	Non 1-Ded	\$0	75%	\$2,000	\$25	Primary/Specialty	Unlimited	\$100	None	\$10	\$30	\$50	N/A	None	N	88.1%
Catastrophic	1	Non 1-Ded	\$6,350	100%	\$6,350	\$0 (First Dollar)	Primary	3	\$100	None	Integrated					N	60.3%
Bronze AV: 60%	1	1-Ded	\$5,500	100%	\$5,500	None	N/A	N/A	\$100	None	Integrated					Y	58.5%
	2	1-Ded	\$3,000	50%	\$6,000	None	N/A	N/A	\$100	None	Integrated					Y	58.9%

Data Collection Template

Company Legal Name: **Time Insurance Company** State: **CO**
 HIOS Issuer ID: **39060** Market: **Individual**
 Effective Date of Rate Change(s): **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period:	1/1/2012	to	12/31/2012
	Experience Period		
	Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	\$29,675,830	\$173.54	100.00%
Incurred Claims in Experience Period	\$20,934,361	122.42	70.54%
Allowed Claims:	\$38,155,818	223.13	128.58%
Index Rate of Experience Period		\$223.00	
Experience Period Member Months	170,999		

Section II: Allowed Claims, PMPM basis

Benefit Category	Experience Period				Projection Period: 1/1/2014 to 12/31/2014				Mid-point to Mid-point, Experience to Projection: 24 months						
	on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual			
	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM	
Inpatient Hospital	Services	347.86	\$2,371.32	\$68.74	1.307	1.053	1.020	1.093	543.65	\$2,597.88	\$117.69	578.98	\$2,237.59	\$107.96	
Outpatient Hospital	Services	3,234.26	264.36	71.25	1.307	1.053	1.020	1.093	5,054.59	289.62	121.99	5335.66	338.47	150.50	
Professional	Visits	2,985.63	162.24	40.37	1.307	1.053	1.020	1.043	4,249.07	177.74	62.94	4885.51	161.69	65.83	
Other Medical	Services	299.30	718.66	17.92	1.307	1.053	1.200	1.093	467.75	1,089.72	42.48	488.70	988.19	40.24	
Capitation				0.00					0.00	0.00	0.00			0.00	
Prescription Drug	Prescriptions	6,979.62	42.73	24.85	1.307	1.053	1.030	1.080	10,640.32	47.73	42.33	12707.41	53.55	56.71	
Total				\$223.14							\$387.42			\$421.23	
											After Credibility	Projected Period Totals			
Section III: Projected Experience:															
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)											100.00%	0.00%	\$387.42	\$67,591,501	
Paid to Allowed Average Factor in Projection Period													0.647		
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM													\$250.66	\$43,731,701	
Projected Risk Adjustments PMPM													-16.15	(2,817,594)	
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM													\$266.81	\$46,549,295	
Projected ACA reinsurance recoveries, net of rein prem, PMPM													35.47	6,188,238	
Projected Incurred Claims													\$231.34	\$40,361,057	
Administrative Expense Load													18.50%	60.71	10,591,199
Profit & Risk Load													3.00%	9.84	1,717,492
Taxes & Fees													8.00%	26.25	4,579,978
Single Risk Pool Gross Premium Avg. Rate, PMPM														\$328.15	\$57,249,726
Index Rate for Projection Period														\$446.39	
% Increase over Experience Period														89.09%	
% Increase, annualized:														37.51%	
Projected Member Months															174,464

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Time Insurance Company
39060
1/1/2014

State: CO
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information		2014 IM EHB Plans																											
Product		9996C0019																											
Product ID	3996S0004	Terminated Product Metal		Bronze	Silver	Silver	Gold	Platinum	Catastrophic	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Gold	Platinum	Catastrophic	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	
AV Metal Value	0.000	0.592	0.616	0.688	0.702	0.788	0.882	0.603	0.585	0.589	0.592	0.616	0.688	0.702	0.788	0.882	0.603	0.585	0.589	0.613	0.613	0.613	0.613	0.613	0.613	0.613	0.613	0.613	
AV Pricing Value	0.001	0.592	0.616	0.709	0.723	0.851	1.014	0.482	0.585	0.589	0.592	0.616	0.709	0.723	0.851	1.014	0.482	0.585	0.589	0.613	0.613	0.613	0.613	0.613	0.613	0.613	0.613	0.613	
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	
Plan Name	Terminated Products 1	CoreMed - Bronze 1	CoreMed - Bronze 3	CoreMed - Silver 1	CoreMed - Silver 3	CoreMed - Gold 1	CoreMed - Platinum 1	Catastrophic 1	OneDeductible - Bronze 1	OneDeductible - Bronze 2	CoreMed - Bronze 1	CoreMed - Bronze 3	CoreMed - Silver 1	CoreMed - Silver 3	CoreMed - Gold 1	CoreMed - Platinum 1	Catastrophic 1	OneDeductible - Bronze 1	OneDeductible - Bronze 2	CoreMed - Bronze 2	CoreMed - Bronze 2	CoreMed - Bronze 2	CoreMed - Bronze 2	CoreMed - Bronze 2	CoreMed - Bronze 2	CoreMed - Bronze 2	CoreMed - Bronze 2		
Plan ID (Standard Component ID)	3996S0004000000	3996S000190001	3996S000190002	3996S000190003	3996S000190004	3996S000190005	3996S000190006	3996S000190007	3996S000190008	3996S000190009	3996S000190010	3996S000190011	3996S000190012	3996S000190013	3996S000190014	3996S000190015	3996S000190016	3996S000190017	3996S000190018	3996S000190019	3996S000190020	3996S000190021	3996S000190022	3996S000190023	3996S000190024	3996S000190025	3996S000190026	3996S000190027	
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2	0.00%	0.00%																											
Historical Rate Increase - Calendar Year - 1	0.00%	0.00%																											
Effective Date of Proposed Rates	12/31/2012	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Com'l Rate Change % (over 1 mos prior)	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	
Prod'd Per Rate Change % (over Expir. Period)	0.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	999.00%	
Product Threshold Rate Increase %	0.00%	0.00%																											

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

[illegible][illegible]

Section III: Experience Period Information

[illegible][illegible]

tion IV: Projected (12 months following effective date)

[illegible]

[illegible]

Assurant Health - Appendix D
Bronze 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☐
- Desired Metal Tier▼ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,000.00
Coinsurance (% , Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
59.2%
Bronze

Assurant Health - Appendix D
Bronze 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier: ☒ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (%; Insurer's Cost Share)		75.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	2

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
62.0%
Bronze

Impact of 2 visit limit on Specialty copay: -0.7%
Ending AV 61.3%

Assurant Health - Appendix D
Bronze 3

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,500.00
Coinsurance (%; Insurer's Cost Share)		50.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
61.6%
Bronze

Assurant Health - Appendix D
Bronze 4

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$500.00	
Coinsurance (% , Insurer's Cost Share)	75.00%	100.00%	
OOP Maximum (\$)	\$6,350.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	61%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	61%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
60.9%
Bronze

Assurant Health - Appendix D
Bronze 5

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☐

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

▼ Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$500.00
Coinsurance (% Insurer's Cost Share)	50.00%	100.00%
OOP Maximum (\$)	\$6,350.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	61%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	61%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
61.8%
Bronze

Assurant Health - Appendix D
Silver 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,500.00
Coinsurance (%; Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$3,500.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
68.8%
Silver

Assurant Health - Appendix D
Silver 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (%; Insurer's Cost Share)		60.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	6

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
70.7%
Silver

Assurant Health - Appendix D
Silver 3

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier: ☒ Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,250.00
Coinsurance (%; Insurer's Cost Share)		60.00%
OOP Maximum (\$)		\$5,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.
69.1%

DXL 1.1%
Total 70.2%

Assurant Health - Appendix D
Silver 4

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier: ☒ Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,500.00
Coinsurance (%; Insurer's Cost Share)		60.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	6

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
69.8%
Silver

DXL 1.8%
Total 71.6%

Assurant Health - Appendix D
Gold 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$2,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
78.8%
Gold

Assurant Health - Appendix D
Gold 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Deductible (\$)
Coinsurance (% , Insurer's Cost Share)
OOP Maximum (\$)
OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		75.00%
		\$6,350.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.7%

Gold

Assurant Health - Appendix D
Platinum 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$950.00
Coinsurance (% , Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$950.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
88.2%
Platinum

Assurant Health - Appendix D
Platinum 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (%; Insurer's Cost Share)		75.00%
OOP Maximum (\$)		\$2,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
88.1%
Platinum

Assurant Health - Appendix D
Catastrophic

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier ☒ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,350.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$6,350.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	3

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
60.3%
Bronze

Assurant Health - Appendix D
1-Ded Bronze 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☐
- Desired Metal Tier▼ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$5,500.00			
Coinsurance (% , Insurer's Cost Share)		100.00%			
OOP Maximum (\$)		\$5,500.00			
OOP Maximum if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.0%
Metal Tier:	Bronze
1-Deductible Adjustment	-2.5%
Ending AV	58.5%

Assurant Health - Appendix D

1-Ded Bronze 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier

▼ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,000.00
Coinsurance (%; Insurer's Cost Share)		50.00%
OOP Maximum (\$)		\$6,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.5%

Bronze

1-Deductible Adjustment

-2.6%

Ending AV

58.9%



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June 6, 2013

Mr. Tom Abel
State of Colorado
Division of Insurance
Department of Regulatory Agencies
1560 Broadway, Suite 850
Denver, CO 80202

Re: Rate Filing
New Individual Medical Form TIM14.POL.CO
Time Insurance Company
NAIC Co. No. 0069477

Dear Mr. Abel:

We are submitting a rate filing for Form TIM14.POL.CO in the state of Colorado. This is an Individual Major Medical product which covers the Essential Health Benefits (EHB) as required under the Patient Protection and Affordable Care Act (PPACA). This is a new Form with no existing rates or policyholders.

This filing contains the same rates as were originally submitted on May 15, 2013, except that the tobacco factor has been modified to reflect a 1.14 factor for ages 21 and older. Previously, we thought tobacco factors were allowed to vary by age based on ACA regulations; only that the rate data template could not support the variation. At your request, we have removed this variation. Although we could support use of a 1.15 factor for ages 21 and older, we are instead using 1.14, which is the average premium weighted factor based on the original tobacco factors by age. In this way, we are able to keep our non-smoker rates exactly as they were in our original filing.

We appreciate your review of this filing. Please contact me should you have any questions.

Sincerely,

Beth M. Schmitz, FSA, MAAA
Actuary, Individual Medical
Beth.Schmitz@assurant.com
Phone: (414) 299-8659

ACTUARIAL MEMORANDUM

Company: Time Insurance Company
NAIC #: 0069477
SERFF Filing #: ASWX-G129048379
SERFF Binder Filing #: ASWX-CO14-125002233

A. Summary

1. Reason(s): The purpose of this rate filing is to file a new product with rates that are compliant with the 2014 Affordable Care Act (ACA) requirements and to demonstrate the reasonableness of benefits in relationship to premiums. This rate filing is not intended for other purposes.
2. Requested Rate Action: This is a new product filing, so there is no requested rate change.
3. Marketing method(s): These plans are marketed through general agencies, brokers, wholesale arrangements, and direct-to-consumer. In 2014, Assurant Health will only sell plans outside of the public health exchanges in this state.
4. Premium Classification(s): Coverage beyond age 65 will be secondary to Medicare. Premiums are on an attained age basis and will increase with age. Premiums also vary by plan design, tobacco status and geographic area. In 2014, only the oldest three dependents under age 21 will be charged a premium rate for a given policy.
5. Product Description(s): This product covers all the Essential Health Benefits (EHB) as required under the ACA. There are no material additional benefits above the EHB.
6. Policy/Rider Impacted: TIM14.POL.CO
7. Age Basis: Premiums will be charged on an attained age basis. This product will be sold to all ages.
8. Renewability provision: All policies are guaranteed issue and guaranteed renewable as defined under the ACA and HIPAA.

B. Assumption, Merger, or Acquisition

The products included in the rate filing are not part of an assumption, acquisition, or merger.

C. Rating Period

Proposed Effective Date: 1/1/2014

Rating Period: Annual

Rating Period Dates: 1/1/14 – 12/31/14

D. Effect of Law Changes

Changes in the Morbidity of the Insured Population: The ACA will cause significant changes in average risk of the population insured in the Individual Market (IM). Some drivers of the population change will be guaranteed issue, the individual mandate, underwriting and rating changes and the availability of premium subsidies for lower income consumers. In addition, average morbidity will increase in 2014 because issuers are no longer allowed to exclude coverage for pre-existing conditions.

The 2014 Individual Market will encompass many distinct groups, including:

1. Individuals currently insured within the IM market. We expect some low cost individuals will choose to forgo coverage, because of expected rate increases that result from the compression or removal of allowed rating variation for demographic and health status characteristics. This is expected to increase the average cost in 2014.
2. The uninsured entering the Individual Market. In the first year, it is expected that new enrollees will either be subsidy eligible or the less healthy. We expect some of the healthy uninsured to delay coverage until the mandate becomes more punitive.
3. Employees who lose group coverage if employers opt to direct them to the IM exchange. This is more likely if the group employs low income individuals who will become eligible for a premium subsidy in 2014. We expect that this scenario is furthermore more likely in the small, rather than large, group market. Today's group market is less healthy than the IM market, so this migration is expected to increase the average cost of the IM population.
4. Individuals currently covered through the state/federal high risk pools and the conversion (or HIPAA) markets. To the extent these high risk individuals enter the IM market, it will increase the average cost of the insured population.

We have reviewed various scenarios and have determined a final estimate is that the morbidity of the insured population in Colorado will increase by 30%. We utilized the data within the "Cost of the Future Newly Insured under the Affordable Care Act (ACA)" study prepared by Optum Health and commissioned by the Society of Actuaries in order to assess possible scenarios and develop our assumption. In addition, we compared our estimates against various industry studies in order to validate the reasonableness of our results. We made the following key assumptions in our final cost increase estimate:

1. Medicaid will expand to cover low income individuals in Colorado.
2. The state high risk pool will terminate existing individuals in 2014.
3. There will be some portion of the currently uninsured population that will be slow to adopt the exchange purchasing process in 2014. In particular, there is a significant

risk that healthy individuals that have only a small portion of their premium subsidized will make the decision to forgo insurance in 2014.

In addition to the expected change in the average risk of the insured population, we anticipate that there will be an increase in utilization relative to our experience period due to the pent up demand of the newly insured. When consumers are uninsured or underinsured, they may opt to delay healthcare services. Historically, approximately 30% of our sales have been to customers who did not previously have health insurance. These previously uninsured customers have claim experience that is significantly worse than those with prior coverage. This experience discrepancy is most pronounced in the first 6 months of coverage, when the experience relativity between these two cohorts is up to 20% higher than the ultimate relativity. We expect that the mandate to purchase insurance may temper the pent up demand of the newly insured entering the market in 2014. Therefore, the 2014 utilization on newly insured individuals will not have as large of a spike as our historical experience. Our assumption is that an additional 10% of our block will be newly insured individuals, with 10% higher than typical utilization in the first 6 months of coverage. This leads to an adjustment of 0.5% within our pricing and claim projection.

Changes in Benefits: There is an adjustment of 3.5% within our pricing and claim projection to include new and expanded benefits in accordance with the EHB requirements of the ACA. The table below lists the estimated additional cost associated with each new benefit. The Pediatric Dental expense was estimated using commercial group experience for 2011 and 2012 from our sister segment, Assurant Employee Benefits. The remaining estimates are based upon purchased data of experience of a standard population.

Benefit	Estimated Additional Cost
Mental Health and Substance Abuse	1.2%
Pediatric Vision	0.4%
Private Duty Nursing	0.3%
Pediatric Dental	1.6%
GRAND TOTAL	3.5%

In addition, it is expected that the average actuarial value of our block will increase from approximately 60% to approximately 65% after the change to standardized Bronze, Silver, Gold and Platinum metallic plans. Furthermore, approximately 30% of business within our experience data is on a plan that has an actuarial value of 55% or less. We expect that richer benefits in 2014 will induce demand for healthcare services that is higher than the average utilization within our base experience. We assume that future Silver plans will have utilization that is 3% higher than our average current experience, Gold will be 8% higher, and Platinum will be 15% higher. Based upon our expected split of plans by metal level, we have adjusted our experience period claims by 1.6% in order to account for this benefit level driven increase in utilization.

Risk Adjustment: In 2014, the ACA establishes a Risk Adjustment Program that will allow

issuers to set premiums according to the average actuarial risk in the individual and small group market without respect to the type of risk selection the issuer would otherwise expect. The ACA establishes a standard quantification of risk with the HCC-HHS risk scoring model. In order to set premiums according to the average risk, Assurant Health must estimate our risk relative to the state average individual major medical risk.

To establish this estimate, Assurant Health participated in the Wakely National Risk Adjustment Simulation Project (WNRASP). In this project the Wakely Consulting Group quantified risk using the HCC-HHS model that Health and Human Services (HHS) developed for implementation in 2014. Wakely conducted risk simulations in individual and small group markets only when 75%+ of the state wide membership was represented. Health plans covering these members used claim experience to determine plan liability risk scores consistent with the HCC-HHS methodology. Health plan specific liability risk scores along with allowable rating factors are compared to the scores of all market participants consistent with the methodology set forth in the Risk Adjustment Program.

The WNRASP results provided to Assurant Health quantify the difference in the risk of the Assurant Health book of business relative to the state and market average risk. The state result is adjusted to the extent that base period data was less than 100% credible, in order to be on a consistent basis with the index rate for the state. The final result for use in our pricing methodology was a 0.94 risk score. This indicates that Assurant Health business practices (e.g. distribution methods and underwriting) and member selection patterns have created a book of experience with 6% lower costs. Our pricing was adjusted by a factor of $1.0/0.94$ to represent the average actuarial risk, as shown in Appendix A. This multiplicative adjustment is consistently applied across all plans within the state.

Reinsurance Recoveries: In 2014, the ACA has a Reinsurance Program that will reimburse carriers 80% of claim costs between \$60,000 and \$250,000 per member. We have made a negative 15.0% adjustment to our expected claim costs within our pricing in order to account for expected reinsurance recoveries. This adjustment is consistently applied across all plans within the state. Our reinsurance recovery assumption was developed using Truven Health MarketScan® Research Databases that is representative of a standard population and with coverage similar to the ACA EHB package. The exposure and claim data was limited to members that had complete data and were on a non-capitated basis. In addition, the claim data for each member was trended to 2014 and a utilization adjustment was made to scale claims to the appropriate cost sharing level. The reinsurance formula was applied by member, and the result was divided by total paid claims on the same adjusted basis. This process was done to estimate a reinsurance recovery factor for each plan metal level. The final composite factor above was developed based upon our expected mix of Bronze, Silver, Gold and Platinum business.

Reinsurance Contributions: The Reinsurance Program is funded by a fee of \$5.25 per member per month. We have increased our expected claim costs within our pricing development by 2.0% in order to cover this fee. In order to maintain compliance with the required relativity of prices by age, we have applied the adjustment on a multiplicative basis. Our adjustment factor was developed by dividing \$5.25 by the expected total per member per

month claim costs in the state.

E. Rate History

This is a new product, so there is no rate history.

F. Coordination of Benefits

This rate filing reflects actual loss experience net of any savings associated with coordination of benefits and/or subrogation.

G. Relation of Benefits to Premium

The table below lists the expected Non-Benefit Expenses and Target Profit for Assurant Health in Colorado. The pricing load to cover these expenses is applied consistently across products and plans. These items are discussed in detail in the following paragraphs.

Expense Category	% of Premium
General and Administrative	11.00%
Commissions and Sales Bonus	6.50%
Managed Care and Cost Containment	3.00%
Quality Improvement	0.50%
Net Investment Income	-2.50%
Taxes, Fees and State Assessments	2.69%
PPACA Health Insurer Fee	1.50%
PPACA PCORI Fee	0.05%
PPACA Risk Adjustment User Fee	0.02%
Federal Income Taxes	3.00%
Profit and Risk Margin (After Tax)	3.00%
Reduction in Margin to Reach 73% Loss Ratio	-1.76%
Total	27.00%

We will not be on the Colorado exchange in 2014, so there are no exchange fees.

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the ACA. The calculation of the Medical Loss Ratio is shown in the Projected Loss Ratio section. The final priced for Total Non-Benefit Expenses and Profit is 27.0%. This will result in an actual margin for risk and profit that is lower than the target shown above.

In addition, please note that expenses for each functional area within the company are recorded at a nationwide level. Expense assumptions for a state and product are allocated and represented on a percent of premium basis. This percent of premium representation of expenses is consistent with our actual to expected loss ratio pricing methodology.

Administrative Expense Loads: General and Administrative Expenses: This category accounts for the expenses of administering the business, such as claim payment expenses. The assumption was derived from actual expenses in 2012 relative to actual revenue. Total revenue for Assurant Health is expected to slightly decline in 2013 and then again in 2014. Therefore, it is appropriate to assume the 2012 expense ratio will not be leveraged in 2014. In developing this expense assumption, underwriting expenses were adjusted due to the reduction of staff within the underwriting functional area that will occur in response to the 2014 market rules.

Commissions and Sales Bonus: This is a variable expense that represents the cost of acquiring business. Our commission schedules and bonus campaigns will be set to 6.5% of premium.

Managed Care and Cost Containment Expenses: This is a variable expense that accounts for expenses incurred in order to reduce claims costs, such as access fees paid to the Preferred Provider Organization Networks that are leased on behalf of our customers. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Quality Improvement Expenses: This category accounts for expenses incurred in order to improve the quality of healthcare. Quality Improvement Expenses are added to claim payments in the Medical Loss Ratio Calculation. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Net Investment Income: This category accounts for investment income earned on reserves and surplus. This assumption was derived from our actual current net investment income ratio.

Profit & Risk Margin: Our targeted after tax margin for risk and profit is 3% of premium. The pricing load for this 3% after tax margin is applied consistently across products.

Taxes and Fees: Health Insurer Fee: \$8 billion will be collected nationally for this fee in 2014. The fee is based on our share of the total market premium. It is estimated that this fee will be 1.5% of premium. Furthermore, this fee is not deductible from federal income taxes.

State Premium Taxes and Assessments: This is composed of a 2% state premium tax and 0.63% for Other Regulatory and Miscellaneous Fees.

PPACA PCORI Fees: \$2 per member per year (2/12/365.28)

PPACA Risk Adjustment User Fee: \$0.08 per member per month (.08/365.28)

State Premium Taxes and Assessments: This is estimated at approximately 3.5% of premium based upon 2012 experience. An adjustment was made to historical experience in order to reduce any Comprehensive Health Association assessments. In addition, an adjustment of approximately 0.1% has also been made to account for the \$2 per member per year PCORI fee and the \$0.08 per member per month Risk Adjustment Program administration fee.

Income Taxes: Federal Income Taxes are expected to be 3% of premium, calculated as $((6\% + 1.5\%) \times 40\%)$, where 6% is the pre-tax profit margin, 1.5% is the non-deductible ACA health insurer fee cost and 40% is an approximation of the federal income tax rate for Assurant Health. Please note that our effective federal income tax rate is expected to be greater than the standard 35% due to the non-deductibility of certain internal and external individual compensation. This non-deductible compensation is incurred within non-health insurance lines of business from our parent company, Assurant, Inc.

Exchange User Fees: We will only issue business off the exchange in this state in 2014. Thus, there is no exchange user fee to cover.

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the Affordable Care Act. A calculation of the projected Medical Loss Ratio (MLR) is shown below:

$$\begin{aligned}\text{MLR} &= (\text{Claims} + \text{Quality Improvement Expense}) / (\text{Premium} - \text{Taxes and Fees}) \\ &= (A + B + C) / (D - E - F - G) \\ &= (73.0\% + 0.5\% + 1\%) / (100\% - 3.5\% - 1.5\% - 2\%) \\ &= 80\%\end{aligned}$$

Where:

- A is Incurred Claims, net of Reinsurance and Risk Adjustment Transfers
- B is Expenses for Improvement in the Quality of Healthcare
- C is an adjustment due to the state level aggregation of the MLR calculation
- D is premium
- E is state premium taxes and other assessments and fees
- F is the Health Insurer Fee
- G is Federal Income Taxes (excluding taxes on profit due to Investment Income)

The 1% adjustment due to the state level aggregation of the MLR calculation, which is labeled C above, is included because of the inherent statistical fluctuation expected in state level loss ratios. State level MLRs will vary from 80%, even if our total nationwide MLR comes in exactly as priced for at 80%. Therefore, pricing to an 80% MLR will lead to a necessity to pay rebates in certain states. This will result in a post rebate loss ratio above 80% on a nationwide basis. A hypothetical example is illustrated below.

State	Premium	Claims	Loss Ratio	Credibility Adjustment	Rebates	Post Rebate Loss Ratio
A	100	75	75%	3%	2	77%
B	100	85	85%	0%	0	85%
Total	200	160	80%		2	81%

In order to mitigate this situation, we made a 1% adjustment to our priced for loss ratios. If applicable, rebates will be paid to customers in accordance with federal regulations and based upon actual experience.

H. Provision for Profit and Contingencies

6% Pre-FIT, 3% After Tax

For 2014, expected profit is 0.5% due to expense levels.

I. Determination of Proposed Rates

The development of the 2014 index rate is shown in Appendix A.

Colorado experience is 100% credible. See Section K for further details.

The adjustments for market risk, essential health benefits, and utilization are addressed in Section D.

The PPO and trend adjustments are addressed in Section O.

In Section O we have shown how the index rate is translated to a base rate for the state based upon a 21 year old non-tobacco user (1.0 factor).

J. Trend

Medical Trend (total)	11%
Medical provider price increase	1%
Utilization changes	8%
Medical cost shifting	1%
Medical procedures and new technology	1%
Insurance Trend (total)	11%
Underwriting wearoff	0%

Deductible leveraging	0%
Anti-selection	0%
Pharmaceutical Trend (total)	11%
Price increases	3%
Utilization changes	8%

Within medical trend, the increase in cost per service was split evenly among medical provider price increase, medical cost shifting, and medical procedures and new technology.

Our estimate of trend due to benefit leveraging was split evenly among underwriting wearoff, deductible leveraging, and anti-selection.

K. Credibility

The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

Based upon Colorado credibility methodology, our Colorado pooled experience as used within pricing is 100% credible. The unpooled base experience as used in the Unified Rate Review Template is also 100% credible.

L. Data Requirements

This is a new product, so there is no historical experience.

Please see Appendix E for 2014 projection information.

M. Side-by-Side Comparison

This is a new product, so there is no previous versus current rate comparison.

N. Benefits Ratio Projections

The benefit ratio is projected to be 73% including the impact of reinsurance.

Please see Appendix E for 2014 projection information.

O. Other Factors

Other Adjustments: We made an adjustment of 0.1% within our pricing and claim projection in order to account for expected worsening in Preferred Provider Organization (PPO) discounts in 2014 relative to the 2012 experience period. Our expected PPO discounts are developed by using a combination of experience and reported data from the networks that we lease.

Trend Factors (cost/utilization): The effects on future claims of inflation, advancing medical technology and techniques, and increased utilization and cost shifting are accounted for by an annual secular trend assumption of 10.5%. This is an allowed claims trend factor. This trend was developed from historical experience of our nationwide block. Please see Appendix B for further detail. Experience was trended for 24 months, from the mid-point of 2012 to the mid-point of 2014.

Appendix A illustrates how all factors are applied to develop the Index Rate.

The Index Rate is translated to a Base Rate for the state based upon a 21 year old non-tobacco user (1.0 factor), as illustrated in Appendix A. The following adjustments, as shown in the attached rate algorithm manual, are made to the base rate in order to develop the final rate for a specific member:

1. Multiplied by an Age factor as specified for the state. In Colorado, we are using the age curve defined in the regulations of the ACA.
2. Multiplied by a Tobacco factor. The factor is 1.14 for ages 21 and older. Please see Appendix F for tobacco factor support.
3. Multiplied by a Rating Area factor. Area factors were developed using internal company pre-discounted allowed claim experience. In areas that were less than 100% credible, internal experience was supplemented with consultant data. The Area factor is constant across all plans and is balanced to equal 1.0 in total for the state. Please see Appendix G for additional area factor support.
4. Multiplied by a PPO network factor. PPO factors were developed using internal company discount experience in conjunction with reported discounts from the network. The PPO factor is constant across all plans and is balanced to equal 1.0 in total for the state.

We use a combination of historical actual discounts along with discounts provided by the networks to determine our PPO discounts. A credibility threshold of \$10,000,000 per service category is used for each network and market combination. If our discounts are not 100% credible based off our threshold, we weight them with discounts provided by the network. This process is followed for each service category, inpatient, outpatient, and physician, and then weighted to

get a total in-network discount. We also model a discount based off historical experience to create an out of network discount assumption and an Rx discount assumption, and weight those with the in-network discount to determine a total expected discount by network and market.

We then project a total average PPO cost factor (1-discount) in the state based on our membership by market. Using the state average cost factor, network/market cost factors relative to the state average are developed. Therefore, similar to the area factors, the final PPO factors maintain a 1.0 average relativity to the statewide developed base rate.

5. Multiplied by a Reinsurance Adjustment factor. This factor was developed as described in the section above. This factor is separate from the 21 year old base rate in order to provide flexibility to update in future years, as the Reinsurance Program changes.
6. Multiplied by a Plan Actuarial Value factor and a Metal Level Utilization factor. These factors are used to incorporate the appropriate price relative to the actuarial value and cost-sharing design of the plan. These factors are based upon expected benefit level differences given a common population, and in no way reflect differences in expected population risks between plans.
7. Multiplied by a Catastrophic Plan Factor. We assumed that the catastrophic plan population will almost entirely consist of consumers under age 30, thus, the younger consumers on this plan will not need to subsidize older consumers. Therefore, to develop our Catastrophic Plan adjustment factor, we have estimated and removed the impact to the 18-30 year old price that was specifically due to the change from our current age slope to the new state specified 3:1 age slope.
8. Multiplied by a Trend Factor. This is set to a 1.0 for 2014.

P. Certification

I, Beth Schmitz, am a member of the American Academy of Actuaries.

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations concerning premium rate development of this state and the benefits are reasonable in relationship to premiums.

In my opinion, the rates contained in this filing are not excessive, inadequate, or unfairly discriminatory.

Beth M. Schmitz

Beth M. Schmitz, FSA, MAAA
Director, IM Actuarial
7//2013

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
RATE SAMPLE**

40 Year Old Non-Smoker

Rating Area	Network	Bronze		Silver		Gold		Platinum		Catastrophic
		Low	High	Low	High	Low	High	Low	High	Only One Catastrophic Plan
1	ASA	282.27	298.20	341.93	355.85	410.62	425.75	488.85	489.41	232.76
	GWH	284.80	300.88	345.00	359.04	414.33	429.59	493.26	493.82	234.87
2	ASA	231.68	244.74	280.64	292.05	337.02	349.44	401.23	401.68	191.05
	GWH	233.76	246.96	283.15	294.69	340.05	352.59	404.84	405.30	192.76
3	ASA	284.93	301.01	345.15	359.19	414.49	429.75	493.47	494.02	234.96
	GWH	287.49	303.72	348.26	362.44	418.23	433.64	497.91	498.48	237.08
4	ASA	310.39	327.90	376.00	391.29	451.53	468.17	537.57	538.18	255.97
	GWH	348.02	367.67	421.59	438.74	506.29	524.94	602.74	603.42	287.00
5	ASA	289.47	305.79	350.64	364.92	421.09	436.60	501.32	501.90	238.70
	GWH	324.56	342.87	393.16	409.16	472.16	489.55	562.10	562.74	267.64
6	ASA	288.04	304.28	348.91	363.09	419.01	434.42	498.83	499.39	237.52
	GWH	293.76	310.34	355.86	370.34	427.35	443.08	508.77	509.35	242.24
7	ASA	335.45	354.36	406.33	422.86	487.98	505.95	580.94	581.61	276.61
	GWH	334.81	353.71	405.59	422.09	487.07	505.01	579.87	580.53	276.11
8	ASA	312.64	330.29	378.71	394.12	454.81	471.57	541.46	542.08	257.81
	GWH	312.06	329.67	378.02	393.41	453.97	470.69	540.47	541.07	257.34
9	ASA	344.31	363.73	417.09	434.05	500.89	519.32	596.30	596.97	283.93
	GWH	351.17	370.98	425.40	442.70	510.85	529.67	608.19	608.88	289.58
10	ASA	338.29	357.37	409.79	426.47	492.12	510.25	585.89	586.55	278.96
	GWH	379.30	400.72	459.48	478.16	551.80	572.12	656.92	657.66	312.79
11	ASA	362.70	383.17	439.36	457.24	527.65	547.07	628.16	628.88	299.10
	GWH	406.69	429.63	492.63	512.68	591.62	613.40	704.33	705.12	335.36

Colorado Supplement to the Summary of Benefits and Coverage Form

Time Insurance Company

Name of Carrier

CoreMed Bronze 1

Name of Plan

Individual Policy

Policy Type

TYPE OF COVERAGE

1. Type of plan.	Preferred provider organization (PPO).
2. Out-of-network care covered? ¹	Yes, but patient pays more for out-of-network care.
3. Areas of Colorado where plan is available.	Plan is available throughout Colorado.

SUPPLEMENTAL INFORMATION REGARDING BENEFITS

Important Note: The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. It provides additional information meant to supplement the Summary of Benefits of Coverage you have received for this plan. This plan may exclude coverage for certain treatments, diagnoses, or services not specifically noted. Consult the actual policy to determine the exact terms and conditions of coverage.

	Description	What this means.
4. Deductible Period	Calendar year.	Calendar year deductibles restart each January 1.
5. Annual Deductible Type	Individual/Family.	"Individual" means the deductible amount you and each individual covered by the plan will have to pay for allowable covered expenses before the carrier will cover those expenses. "Family" is the maximum deductible amount that is required to be met for all family members covered by the plan. It may be an aggregated amount (e.g., "\$3,000 per family") or specified as the number of individual deductibles that must be met (e.g., "3 deductibles per family").
6. What cancer screenings are covered?	Breast cancer, cervical cancer, colorectal cancer, and prostate cancer screening.	

LIMITATIONS AND EXCLUSIONS

7. Period during which pre-existing conditions are not covered for covered persons age 19 and older. ²	Not applicable; plan does not impose limitations for pre-existing conditions.
8. How does the policy define a "pre-existing condition"?	Not applicable. Plan does not exclude coverage for pre-existing conditions.
9. Exclusionary Riders. Can an individual's specific, pre-existing condition be entirely excluded from the policy?	No.

USING THE PLAN

	IN-NETWORK	OUT-OF-NETWORK
10. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	No.	Yes.
11. Does the plan have a binding arbitration clause?	No.	

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com

If you are not satisfied with the resolution of your complaint or grievance, contact:

**Colorado Division of Insurance
Consumer Affairs Section
1560 Broadway, Suite 850, Denver, CO
80202
Call: 303-894-7490 (in-state, toll-free:
800-930-3745)
Email: insurance@dora.state.co.us**

Endnotes

1. “Network” refers to the specified group of physicians, hospitals, medical clinics and other health care providers that this plan may require you to use in order for you to get any coverage at all under the plan, or that the plan may encourage you to use because it may pay more of your bill if you use their network providers (i.e., go in-network) than if you don’t (i.e., go out-of-network).
2. Waiver of pre-existing condition exclusions. State law requires carriers to waive some or all of the pre-existing condition exclusion period based on other coverage you recently may have had. Ask your carrier or plan sponsor (e.g., employer) for details.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual **Plan Type:** PPO High-Deductible


This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.assuranthealth.com or by calling 1-800-553-7654.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> (DED)?	For participating (PAR) providers \$6,000 ; for non-participating (NON-PAR) providers \$18,000 . Does not apply to certain preventive care. Out-of-network (OON) coinsurance (COINS) doesn't count toward the DED.	You must pay all the costs up to the DED amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the DED starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the DED .
Are there other <u>deductibles</u> (DED) for specific services?	No.	You don't have to meet DED for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket</u> (OOP) <u>limit</u> on my expenses?	Yes. For PAR providers \$6,000 ; for NON-PAR providers \$18,000 .	The OOP limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket</u> (OOP) <u>limit</u> ?	Premium, balanced-billed charges, penalties for not obtaining pre-authorization services, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the OOP limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network</u> of <u>providers</u> ?	Yes. For a list of participating (PAR) providers, see www.myCignaforhealth.com . For emergencies, benefits are paid at the participating provider level.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the terms in-network, preferred , or participating to refer to providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u> ?	Written/verbal approval is not required for a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call 1-800-553-7654 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual **Plan Type:** PPO High-Deductibleabout excluded services.

- 
- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
 - **Coinsurance (COINS)** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **COINS** payment of 20% would be \$200. This may change if you haven't met your **DED**.
 - The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
 - This plan may encourage you to use PAR **providers** by charging you lower **DED**, **copayments** and **COINS** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider*	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	0% COINS.	0% COINS.	----none---
	Specialist visit	0% COINS.	0% COINS.	
	Other practitioner office visit	0% COINS.	0% COINS.	
	Preventive care/screening/immunization	No Charge.	0% COINS.	No charge for PAR services mandated by federal law.
If you have a test	Diagnostic test (x-ray, blood work)	0% COINS.	0% COINS.	----none----
	Imaging (CT/PET scans, MRIs)	0% COINS.	0% COINS.	
If you need drugs to treat your illness or condition More information about <u>prescription (RX) drug coverage</u> is at caremark.com	Generic drugs	0% COINS.	0% COINS.	----none---
	Brand drugs	0% COINS.	0% COINS.	When a generic is available pay the difference between the Brand and Generic contracted rate.
	Non-Preferred Brand drugs	0% COINS.	0% COINS.	When a generic is available pay the difference between the Brand and Generic contracted rate.

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call 1-800-553-7654 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual **Plan Type:** PPO High-Deductible

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider*	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
For information about <u>Specialty drugs</u> , call 800-553-7654.	Specialty drugs	0% COINS.	Not Covered.	*To receive the participating provider benefit, you must obtain specialty drugs from a specialty pharmacy provider as designated by us. Call 800-800-1212, option 5, ext 6777 for further information. Specialty drugs obtained from a non-designated provider will not be covered. Authorization (AUTH) is required. Benefits will not be paid for any specialty drugs that are not authorized by the Medical Review Manager.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% COINS.	0% COINS.	Pre-AUTH required.
	Physician/surgeon fees	0% COINS.	0% COINS.	Pre-AUTH required.
If you need immediate medical attention	Emergency room services	\$100 Emergency Room (ER) Access Fee. Then subject to DED and 0% COINS.	\$100 Emergency Room (ER) Access Fee. Then subject to DED and 0% COINS.	ER Access fee waived if admitted to the hospital for inpatient stay.
	Emergency medical transportation	0% COINS.	0% COINS.	To the nearest Acute Medical Facility that can treat the sickness or injury.
	Urgent care	0% COINS.	0% COINS.	----none----
If you have a hospital stay	Facility fee (e.g., hospital room)	0% COINS.	0% COINS.	Pre-AUTH required.
	Physician/surgeon fee	0% COINS.	0% COINS.	Pre-AUTH required.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	0% COINS.	0% COINS.	Pre-AUTH required.
	Mental/Behavioral health inpatient services	0% COINS.	0% COINS.	Pre-AUTH required.
	Substance use disorder outpatient services	0% COINS.	0% COINS.	Pre-AUTH required.
	Substance use disorder inpatient services	0% COINS.	0% COINS.	Pre-AUTH required.

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com.

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual **Plan Type:** PPO High-Deductible

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider*	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you are pregnant	Prenatal and postnatal care	0% COINS.	0% COINS.	Prenatal Care is paid at 100% when a PAR provider is used. Coverage includes 1 post-partum home visit after each delivery.
	Delivery and all inpatient services	0% COINS.	0% COINS.	Pre-AUTH required.
If you need help recovering or have other special health needs	Home health care	0% COINS.	0% COINS.	Pre-AUTH required.
	Rehabilitation services	0% COINS.	0% COINS.	Pre-AUTH required. Limited to 20 visits per person per calendar year each for Physical Therapy, Occupational Therapy and Speech Therapy. Inpatient multidisciplinary rehabilitation is limited to 60 days per person per calendar year. Adjustments and manipulations are limited to 12 visits per person per calendar year.
	Habilitation services	0% COINS.	0% COINS.	Pre-AUTH required. Limited to 20 visits per person per calendar year each for Physical Therapy, Occupational Therapy and Speech Therapy. Inpatient multidisciplinary rehabilitation is limited to 60 days per person per calendar year. Adjustments and manipulations are limited to 12 visits per person per calendar year.
	Skilled nursing care	0% COINS.	0% COINS.	Coverage is limited to 100 days per person per calendar year for Subacute Rehabilitation Facility and/or Skilled Nursing Care. Pre-AUTH required.

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com.

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual **Plan Type:** PPO High-Deductible

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider*	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Durable medical equipment (DME)	0% COINS.	0% COINS.	Pre-AUTH required. Replacement, repair, modification, duplication or enhancement of other DME is not covered. Hearing aids are covered for dependents up to age 21.
	Hospice service	0% COINS.	0% COINS.	Pre-AUTH required.
If your child needs dental or eye care	Eye exam	0% COINS.	0% COINS.	Limited to 1 visit per child per year for children up to age 19.
	Glasses	0% COINS.	0% COINS.	Limited to a maximum of 1 pair of glasses (Standard Frames) per Calendar Year or 1 year supply of standard contact lenses in the Pediatric Eyewear Collection per child per calendar year for children up to age 19. Charges for eyewear purchased from a Designated Eyewear Provider that is not part of the Pediatric Eyewear Collection are considered as non-PAR benefits. Non-PAR benefits for glasses are limited to \$150 per person per calendar year; Non-PAR benefits for contact lenses are limited to \$600 per calendar year.

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com.

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual **Plan Type:** PPO High-Deductible

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider*	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Dental check-up	0% COINS.	0% COINS.	Benefits for children up to age 19. Deductible is waived for preventive dental benefits for children. Limited to 1 check-up every 6 months. Limited to \$3,000 for out-of-network pediatric dental services.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- | | | | | |
|---------------------|-----------------------|-------------------------|---------------------|------------------------|
| • Acupuncture | • Cosmetic Surgery | • Hearing Aids | • Long term care | • Weight Loss Programs |
| • Bariatric Surgery | • Dental care (Adult) | • Infertility treatment | • Routine foot care | |

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- | | | | | |
|---------------------|-----------------------------|---|------------------------|----------------------------|
| • Chiropractic care | • Hearing aids for children | • Non-emergency care when travelling outside the U.S. | • Private Duty Nursing | • Routine eye care (Adult) |
|---------------------|-----------------------------|---|------------------------|----------------------------|

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your premium. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call 1-800-553-7654 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual Plan Type: PPO High-Deductible

- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1-800-553-7654. You may also contact your state insurance department at Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, CO 80202, Phone: (303) 894-7490 or (800) 930-3745 Toll Free (Outside Denver metro area), or visit www.dora.state.co.us/insurance/.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact

- Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, CO 80202, Phone: (303) 894-7490 or (800) 930-3745 Toll Free (Outside Denver metro area), or visit www.dora.state.co.us/insurance/.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

In order for certain types of health coverage (for example, individually purchased insurance or job-based coverage) to qualify as minimum essential coverage, the plan must pay, on average, at least 60 percent of allowed charges for covered services. This is called the “minimum value standard.” **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-553-7654

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call 1-800-553-7654 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is
not a cost
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$1,540
- Patient pays \$6,000

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$6,000
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$6,000

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$0
- Patient pays \$5,400

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$5,400
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$5,400

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call 1-800-553-7654 to request a copy.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-553-7654 or visit us at www.assuranthealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call 1-800-553-7654 to request a copy.



ASSURANT

501 West Michigan
PO Box 3050
Milwaukee, WI 53201-3050
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June 18, 2013

www.assurant.com

Ms. Nichole Boggess
State of Colorado
Division of Insurance
Department of Regulatory Agencies
1560 Broadway, Suite 850
Denver, CO 80202

Re: Rate Filing for Forms TIM14.POL.CO
Time Insurance Company, NAIC Co. No. 00069477
SERFF Filing ID: ASWX-G129048379

Dear Ms. Boggess,

We are sending a follow up to your objection letter sent on June 10, 2013.

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the requested filing mode from review and approval to file and use on the general information tab.

Response:

We have changed the filing mode to file and use on the general information tab.

Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk.

Response:

For this filing, the Lead Form Number is TIM14.POL.CO. For future filings, we will be sure to complete the Lead Form Number.

Objection 3

Comments: Please update the filing method from prior approval to file and use on the rate/rule schedule.

Response:

We changed the filing method to file and use on the rate/rule schedule.

Objection 4

Comments: Please complete the following fields on the rate / rule schedule:

Written Premium Change for this Program:

of Policy Holders Affected for this Program:

Written Premium for this Program:

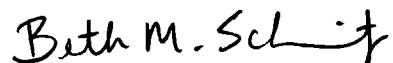
Response:

We did not think these fields were applicable because this is a new product filing. Therefore, we initially left these fields blank.

We have now completed the requested fields. Since this is a new product filing, we have entered zeros in these fields.

We appreciate your review of this filing. Please contact me if you have additional questions.

Sincerely,



Beth M. Schmitz, FSA, MAAA
Director, Individual Medical Actuarial
Beth.Schmitz@assurant.com
Phone: (414) 299-8659
Fax: (414) 299-8904



ASSURANT

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June 27, 2013

www.assurant.com

Ms. Nichole Boggess
State of Colorado
Division of Insurance
Department of Regulatory Agencies
1560 Broadway, Suite 850
Denver, CO 80202

Re: Rate Filing for Forms TIM14.POL.CO
Time Insurance Company, NAIC Co. No. 00069477
SERFF Filing ID: ASWX-G129048379

Dear Ms. Boggess,

We are sending a follow up to your objection letter sent on June 26, 2013.

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: There are 32 plan IDs listed in the Plans and Benefits and Rate Data Templates. However, there are only 16 plan descriptions (not IDs) listed in the Rate Manual. If there are 16 in one network, 16 in the other – Please, spell this out on the Rate Manual. Provide all of the plan name/descriptions, with their corresponding plan IDs, on the Rate Manual.

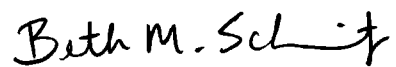
Response:

Attached is an updated rate manual with the requested changes. The Plan Actuarial Value page lists each plan name with their corresponding network, component ID, and actuarial value.

We appreciate your review of this filing. Please contact me if you have additional questions.

Page 2

Sincerely,

A handwritten signature in black ink that reads "Beth M. Schmitz". The signature is written in a cursive style with a large, stylized "B" and a long, sweeping underline.

Beth M. Schmitz, FSA, MAAA
Director, IM Actuarial

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July 9, 2013

www.assurant.com

Ms. Nichole Boggess
State of Colorado
Division of Insurance
Department of Regulatory Agencies
1560 Broadway, Suite 850
Denver, CO 80202

Re: Rate Filing for Form TIM14.POL.CO
Time Insurance Company, NAIC Co. No. 00069477
SERFF Filing ID: ASWX-G129048379

Dear Ms. Boggess,

We are sending a follow up to your objection letter sent on July 3, 2013.

Objection 1

Comments: Please provide a full explanation of the 3.5% premium tax as the reported amount is 2%. Please provide a breakdown of all associated items that are built into the premium tax.

Response:

Here is a breakdown of the 3.5% Taxes, Fees, and State Assessments.

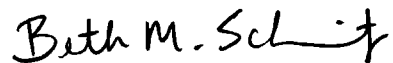
- 2.0% - State premium tax
- 0.9% - High risk pool assessment. We assumed the Colorado high risk pool will dissolve in 2014, but that there will still be some assessments during the run out period.
- 0.7% - Other regulatory and miscellaneous fees, which include:
 - Other Federal Taxes (FICA, FUTA)
 - Other Federal Assessments (PCORTF fee)
 - Other State Taxes (Personal Property, Employer SUTA, State Franchise/Excise Tax, Guaranty Funds, Municipal/County Tax)
 - Regulatory Fees (Agent Licensing Fees, State Ins. Dept. Fees, Ins. Dept. Exam Fees, Certificate of Authority Fees)

Please note that our total expense level is currently higher than the ultimate priced for level based on the required medical loss ratio. Therefore, our expected profit for 2014 is lower than the ultimate priced for level. If Taxes, Fees, and State Assessments were lower than our assumed 3.5%, our 2014 profit would be closer to, but still below, our target 3% after tax.

Please note that we have also provided revised rating exhibits. We have now included a separate set of age factors for clarity. The final rates have only changed slightly due to rounding.

We appreciate your review of this filing. Please contact me if you have additional questions.

Sincerely,

A handwritten signature in black ink that reads "Beth M. Schmitz". The signature is written in a cursive, flowing style.

Beth M. Schmitz, FSA, MAAA
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ASSURANT

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July 11, 2013

www.assurant.com

Ms. Nichole Boggess
State of Colorado
Division of Insurance
Department of Regulatory Agencies
1560 Broadway, Suite 850
Denver, CO 80202

Re: Rate Filing for Forms TIM14.POL.CO
Time Insurance Company, NAIC Co. No. 00069477
SERFF Filing ID: ASWX-G129048379

Dear Ms. Boggess,

We are sending a follow up to your objection letter sent on July 5 & July 9, 2013.

Objection 1 – July 5

Comments: Please provide a new rate manual in the following format:

*Base Premium = (Age Factor) * (Plan Benefit Factor) * (Network Factor) * (Area Factor) * (Tobacco Factor) * (Any other factors built into the rate)*

Provide a table for each of the following factors listed above.

Also, for the Plan Benefit factors and Network factors, please include the plan id, plan marketing name, metal level and factor.

Response:

We have revised the rate manual as you requested.

Objection 1 – July 9

Comments: Please submit the Unified Rate Review Template (URRT) from the rate filing into HIOS.

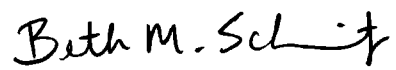
Response:

We will submit the URRT and other filing information into HIOS.

Page 2

We appreciate your review of this filing. Please contact me if you have additional questions.

Sincerely,

A handwritten signature in black ink that reads "Beth M. Schmitz". The signature is written in a cursive, flowing style.

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ASSURANT

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PO Box 3050
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July 19, 2013

www.assurant.com

Ms. Nichole Boggess
State of Colorado
Division of Insurance
Department of Regulatory Agencies
1560 Broadway, Suite 850
Denver, CO 80202

Re: Rate Filing for Forms TIM14.POL.CO
Time Insurance Company, NAIC Co. No. 00069477
SERFF Filing ID: ASWX-G129048379

Dear Ms. Boggess,

We are sending a follow up to your objection letter sent on July 17, 2013.

Objection 1
Schedule Items:
CO Actuarial Memorandum
CO Actuarial Memorandum - Main
Objection Response.2013.07.10

Comments: Regarding the attached Consumer Retention Exhibit
Regarding your objection response on July 10th.

Please review the attached consumer retention exhibit and clarify any items that you believe should be clarified. Note I have 2 columns, the second being adjusted by illustrating reduced margins to get to your 27% desired retention.

In addition:
Your 0.9% retention load for Cover Colorado in 2014 is not valid, I have removed that in the exhibit. Please remove from your Colorado and Federal Act Memos.

Response:

We have removed the 0.9% load from the Colorado and Federal Actuarial Memos.

Please indicate how much Time reports in Financials for 2012 for the 0.7% retention load for "Other regulatory and miscellaneous fees, which include:

- Other Federal Taxes (FICA, FUTA)*
- Other Federal Assessments (PCORTF fee)*
- Other State Taxes (Personal Property, Employer SUTA, State Franchise/Excise Tax, Guaranty Funds, Municipal/County Tax)*
- Regulatory Fees (Agent Licensing Fees, State Ins. Dept. Fees, Ins. Dept. Exam Fees, Certificate of Authority Fees)"*

Response:

Please see the attached tax exhibit which details the levels of each of the above items in the 2012 Time Insurance Company SHCE.

In 2012, the PCORI fee was for a partial year, so the fee was only 0.01% of premium. We have removed the 0.01% from the 2014 Other Regulatory and Miscellaneous Fees.

Note in the exhibit I have split out PCORI Fees separately as \$2 pmpy = 0.05%, and adjusted the Other Tax line to 0.65%. Please adjust if different. Please list separately any other PPACA fees shown in the exhibit that are buried in the 0.7%.

Response:

We agree with your PCORI Fee adjustment. As noted above, we removed 0.01%, rather than 0.05%, from the 2014 Other Regulatory and Miscellaneous Fees.

We have added a PPACA Risk Adjustment User Fee of 0.02% (.08/365.28).

Based on the changes above, we have increased the 'Reduction in Margin to Reach 73% Desired Loss Ratio' from -1.70% to -1.76%.

Your 2012 financials appear to show agent broker fees and commissions of about 5.2% for Colorado Individual Business (about \$3.3 million of the \$64 million premium), please reconcile that with your 2014 pricing commission load of 6.5%, provide support for that level.

Response:

The Commissions line on the SHCE includes First Year Base Commissions, Renewal Commissions, Overrides, and Bonuses. It does not include any other

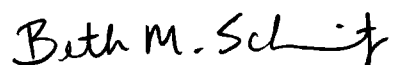
Sales costs such as internal salaries and conferences. The 5.2% reflects our load across all states for those Individual products, since we use the same commission ratio for all states based on Earned Premium, regardless of the mix of business in each state.

For 2014, 6.5% is the nationwide average commission we expect to pay over the lifetime of the policy. Our first year commission schedule varies from 10% - 20% based on distribution channel and production level. Our target average is 14% in the first year. Our renewal commissions vary from 0 – 5% and we target an average of 4%. Renewal commissions are based on original issued premium. In addition, we allocate approximately 1% of premium for sales campaigns and bonuses.

Using persistency assumptions and expected premium levels by distribution type, we set commissions to target a 6.5% lifetime level. We set commissions to be competitive within the market and we expect the market for our national PPO carriers to continue to target approximately 6.5%. We will continue to assess our commission levels as the post 2014 marketplace develops.

We appreciate your review of this filing. Please contact me if you have additional questions.

Sincerely,

A handwritten signature in black ink that reads "Beth M. Schmitz". The signature is written in a cursive, flowing style.

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Time Insurance Company
Other Regulatory and Miscellaneous Fees
Based on 2012 SHCE

	Incl in P1, L1.5	Federal Taxes (Excl FIT)			
a		Federal Assessments	\$4,447	0.01%	PCORI
b		Other Federal Taxes	\$321,619	0.50%	FICA, FUTA
		Federal Taxes and Assessments	\$326,066	0.51%	Total
	P1, L1.6	State Insurance and Taxes			
c		State Comp Health Assessments	(\$7)	0.00%	Prem Based State Assessments
d		State Insurance and Other Taxes	\$53,810	0.08%	Personal Property Tax, Employer SUTA, State Franchise/Excise Tax, Other State Taxes, Guaranty Funds, Municipal/County Tax
e		State Premium Taxes	\$1,197,900	1.87%	State Premium Taxes
		Total	\$1,251,703	1.95%	Total
		- Premium Tax	(\$1,197,900)	-1.87%	Exclude State Premium Taxes
		Balance	\$53,803	0.08%	Adjusted Total
f	P1, L1.7	Regulatory Authority Licenses and Fees	\$70,498	0.11%	License Fees, Ins Dept Filing Fees, Ins Dept Other, Ins Dept Exams, Certificate of Authority/Corporate Licenses
		Total	\$70,498	0.11%	Total
	Total, Adjusted	(a + b + c + d + f) / Premium	\$450,367	0.70%	Excludes State Premium Tax
	P1, L1.1	Total Direct Earned Premium	\$64,153,051		

Time Insurance Company
Filing Number: 278708
Disposition Letter to Consumers
Exhibit of Anticipated Premium Retention

		Target LR % of Premium <u>Retained</u>	Requested LR % of Premium <u>Retained</u>
	<u>Issuer Primary Expense and Profit Retention</u>		
	Administrative Expenses (not including expenses in Additional Allowed Section Below):	11.00%	11.00%
	Managed Care and Cost Containment	3.00%	3.00%
	Commissions:	6.50%	6.50%
	Profit and Contingencies After Taxes:	3.00%	3.00%
	Reduction in Margin to Reach 73% Desired Loss Ratio		-1.76%
	FIT - Federal Income Taxes (includes taxes on profit & contingencies):	3.00%	3.00%
	Investment Income:	-2.50%	-2.50%
(A)	Total:	24.00%	22.24%
	<u>Retention for Additional Required Taxes, Fees and Assessments</u>		
	PPACA Health Insurer Fee:	1.50%	1.50%
	PPACA Reinsurance Fee:		
	PPACA PCORI Fees:	0.05%	0.05%
	PPACA Risk Adjustment User Fee:	0.02%	0.02%
	PPACA CERF Fee:		
	Exchange user fees:		
	State Premium Taxes:	2.00%	2.00%
	State Income Taxes:		
	Other State Taxes, Fees:	0.69%	0.69%
(B)	Total:	4.26%	4.26%
	<u>Additional Allowed for QI & Member Welfare Section</u>		
	Quality Improvement:	0.50%	0.50%
	Community Charitable:		
	IT for ICD-10 Conversion (max allowed 0.3%):		
(C)	Total:	0.50%	0.50%
(D)	Total Premium Retention For All Purposes (A + B + C):	28.76%	27.00%
(E)	Colorado Conventional Loss Ratio (100% - D):	71.24%	73.00%
	Federal MLR Loss Ratio Basis: (E + C) / (100% - B - FIT):	77.36%	79.25%

SERFF Tracking #:

ASWX-G129048379

State Tracking #:

278708

Company Tracking #:

ASWX-G129048379

State: Colorado

Filing Company:

Time Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: IM & GM EHB Products

Project Name/Number: IM & GM EHB Products/CO01626FI00064

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/19/2013		Supporting Document	Actuarial Memorandum and Certifications	07/24/2013	2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_07_18.PDF (Superceded)
07/11/2013		Rate	Rate Exhibits.2013.07.11	07/24/2013	CO 2014 Rate Exhibit_2013_07_10.PDF (Superceded)
07/11/2013		Rate	Rate Exhibits (excel).2013.07.11	07/24/2013	CO 2014 Rate Exhibit_2013_07_10.PDF (Superceded) CO 2014 Rate Exhibit_2013_07_10.XLSX (Superceded)
07/10/2013		Rate	Rate Exhibits.2013.07.10	07/11/2013	CO 2014 Rate Exhibit_2013_06_07.PDF (Superceded)
07/10/2013		Rate	Rate Exhibits (excel).2013.07.10	07/11/2013	CO 2014 Rate Exhibit_2013_06_07.PDF (Superceded) CO 2014 Rate Exhibit_2013_06_07.XLSX (Superceded)

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Product Name: IM & GM EHB Products

Project Name/Number: IM & GM EHB Products/CO01626FI00064

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/27/2013		Rate	Rate Exhibits (excel).2013.06.27	07/10/2013	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF (Superceded) 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.XLSX (Superceded)
06/27/2013		Rate	Rate Exhibits.2013.06.27	07/10/2013	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.PDF (Superceded)
06/06/2013		Rate	Rate Exhibits	06/27/2013	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.PDF (Superceded)
06/06/2013		Rate	Rate Exhibits (excel)	06/27/2013	2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.PDF (Superceded) 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.XLS (Superceded)
06/06/2013		Supporting Document	Rate Sample Calculation (excel)	07/24/2013	2014_01_01_CO Rate Sample 2013_06_03.PDF (Superceded) 2014_01_01_CO Rate Sample 2013_06_03.XLS (Superceded)
06/06/2013		Supporting Document	Actuarial Memorandum and Certifications	07/19/2013	2014_01_01 CO IM HHS Part 3 Actuarial Memo_2013_05_06.PDF (Superceded)
06/06/2013		Supporting Document	Appendix C - Plan Portfolio	07/24/2013	2014_01_01 CO Appendix C Plan Portfolio_2013_05_13.PDF (Superceded)

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/06/2013		Supporting Document	Unified Rate Review Template	07/24/2013	2014_01_01_CO_TIC_Unified_Rate_Review_Template.PDF (Superceded) 2014_01_01_CO_TIC_Unified_Rate_Review_Template.XLS (Superceded)
06/06/2013		Supporting Document	Appendix D - AV Documentation	07/24/2013	2014_01_01_CO Appendix D AV Documentation_2013_05_13.PDF (Superceded)
06/06/2013		Supporting Document	CO Actuarial Memorandum - Main	07/19/2013	2014_01_01_CO Actuarial Memo_2013_06_05.PDF (Superceded)
06/06/2013		Supporting Document	Rate Sample Calculation	07/24/2013	2014_01_01_CO Rate Sample 2013_06_03.PDF (Superceded)

State:	Colorado	Filing Company:	Time Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	IM & GM EHB Products		
Project Name/Number:	IM & GM EHB Products/CO01626FI00064		

Attachment CO 2014 Rate Exhibit_2013_07_10.XLSX is not a PDF document and cannot be reproduced here.

Attachment CO 2014 Rate Exhibit_2013_06_07.XLSX is not a PDF document and cannot be reproduced here.

Attachment 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_26.XLSX is not a PDF document and cannot be reproduced here.

Attachment 2014_01_01 CO 2014 Rate Exhibit - TIC_2013_06_06.XLS is not a PDF document and cannot be reproduced here.

Attachment 2014_01_01_CO Rate Sample 2013_06_03.XLS is not a PDF document and cannot be reproduced here.

Attachment 2014_01_01_CO_TIC_Unified_Rate_Review_Template.XLS is not a PDF document and cannot be reproduced here.

ACTUARIAL MEMORANDUM and CERTIFICATION
for
TIME INSURANCE COMPANY
in
Colorado
on
Form TIM14.POL.CO

The purpose of this rate filing is to bring rates into compliance with the 2014 Affordable Care Act (ACA) requirements and to demonstrate the reasonableness of benefits in relationship to premiums. This rate filing is not intended for other purposes.

Assurant Health is the marketing name of the legal entities Time Insurance Company and John Alden Life Insurance Company. Assurant Health will administer, issue, and insure this block. These legal entities offer identical products with the same rates, administrative systems, and processes.

1. General Information:

- | | |
|--|--|
| a. Insurance Company Name | Time Insurance Company |
| b. State | Colorado |
| c. HIOS Issuer ID | 39060 |
| d. Market | Individual Major Medical |
| e. Effective Dates | January 1, 2014 – December 31, 2014 |
| | |
| f. Primary Contact Name | Beth Schmitz |
| g. Primary Contact Phone # | 414-299-8659 |
| h. Primary Contact E-mail Address | Beth.Schmitz@Assurant.com |
| | |
| i. General Policy Description: | |
| This rate filing is for non-grandfathered individual major medical plans which cover the Essential Health Benefits (EHB) as required under the Affordable Care Act (ACA). These plans are guaranteed issue and guaranteed renewable as defined under the ACA and HIPAA. Plans are marketed through general agencies, brokers, wholesale arrangements, and direct-to-consumer. In 2014, Assurant Health will only sell plans outside of the public health exchanges in this state. Coverage beyond age 65 will be secondary to Medicare. Premiums are on an attained age basis and will increase with age. Premiums also vary by plan design, tobacco status and geographic area. In 2014, only the oldest three dependents under age 21 will be charged a premium rate for a given policy. | |

2. Proposed Rate Increase:

This is a new product filing. Effective 1/1/2014, Assurant Health will offer a new portfolio of plans in the Individual Market. Existing non-grandfathered customers will be

discontinued from their current contract and moved to this new contract upon their plan year beginning on or after 1/1/2014. Appendix A shows the development of base rates for this new product. The remaining sections of the memorandum detail the assumptions we used to develop rates.

Please note that our rating methodology differs from that outlined in the Unified Rate Review Template. Rather, the Unified Rate Review Template represents information required by Federal Regulation. The following sections note any differences between the Unified Rate Review Template and the pricing methodology we used to develop rates.

3. Experience Period Premium and Claims

We prepared the Unified Rate Review Template using state and legal entity specific non-grandfathered experience in order to comply with Department of Health and Human Services (HHS) requirements. For the purpose of estimating the average risk of the 2014 market, grandfathered and non-grandfathered experience of Time Insurance Company and John Alden Life Insurance Company was reviewed together. This combined experience was used in order to develop an actuarially appropriate prediction of the market wide per member per month risk and standardized claim cost in 2014. The same experience basis is used for both the pricing methodology and the development of factors that will address the impact of the Risk Adjustment program on premium rates. This process is described in more detail below.

Experience Period: The experience period is claims incurred and premium earned from January 1, 2012 through December 31, 2012.

Paid Through Date: The date through which payments have been made on claims incurred during the experience period is February 28, 2013.

Premiums (Net of MLR Rebate) in Experience Period: In the Unified Rate Review Template, the earned premium prior to Medical Loss Ratio (MLR) rebates for the Calendar Year 2012 experience period was \$29,675,830. Earned premium was not adjusted for any reductions prescribed when calculating the MLR, such as taxes and assessments. The MLR rebates for the experience period are estimated at \$0.

The financial actuarial team estimates accrued premium refunds required under Federal Minimum Loss Ratio regulations for the Individual Medical and Group Medical insurance business. The team projects incurred claims, earned premiums, and other elements and applies adjustments as outlined in Federal laws and regulations. These projections are performed on a state and market level basis and recent claims experience is adjusted for estimated claims reserves on a state level basis.

Allowed and Incurred Claims During the Experience Period: In the Unified Rate Review Template, the amount of incurred claims processed through our claim system for

the experience period 2012 is \$20,934,361. The best estimate of experience period claims incurred but not reported is \$701,783. The amount of allowed claims processed through our claim system for the experience period 2012 is \$38,155,819. The best estimate of experience period allowed claims incurred but not paid as of the paid through date shown above is \$17,221,457. Allowed claims are developed by subtracting ineligible charges and discounts from the total provider billed amount. Assurant Health has no capitation agreements.

The per member per month experience period allowed claims in our pricing methodology is based upon all Individual Medical experience within the state for Assurant Health. The methodology is demonstrated in Appendix A. Experience for limited benefit plans was not included. Furthermore, an adjustment was made in order to pool large claims across our block. Claims in excess of \$50,000 for a specific member and incurred month were removed from the experience, and then a nationwide average pooling charge was applied per member. All pricing components, including the base experience period data, are applied consistently across the single risk pool in the state and market for 2014.

Our financial actuarial team develops lag triangles for nationwide Individual Medical experience. These triangles are separately developed for Medical and Prescription Drug Card coverage. Specific large claims that are part of our case management program are removed from the Medical triangles and reserved for separately. Historical averages are used in order to calculate monthly completion factors for the remaining claims.

4. Benefit Categories

Inpatient services are those received during a patient's hospital stay and are included in the Inpatient Hospital Category. Outpatient services (e.g. lab tests, X-rays, and some surgical services) are those rendered by a facility within an outpatient setting. Professional services include primary care, specialist, therapy and other professional charges that are not included in facility fees. Other Medical services include charges for items that do not fall into the categories above, such as ambulance and durable medical equipment. The Other category is measured based upon distinct services or items provided. Retail and mail order pharmacy claims are included in the Prescription Drug category.

5. Projection Factors

Changes in the Morbidity of the Insured Population: The ACA will cause significant changes in average risk of the population insured in the Individual Market (IM). Some drivers of the population change will be guaranteed issue, the individual mandate, underwriting and rating changes and the availability of premium subsidies for lower income consumers. In addition, average morbidity will increase in 2014 because issuers are no longer allowed to exclude coverage for pre-existing conditions.

The 2014 Individual Market will encompass many distinct groups, including:

1. Individuals currently insured within the IM market. We expect some low cost individuals will choose to forgo coverage, because of expected rate increases that result from the compression or removal of allowed rating variation for demographic and health status characteristics. This is expected to increase the average cost in 2014.
2. The uninsured entering the Individual Market. In the first year, it is expected that new enrollees will either be subsidy eligible or the less healthy. We expect some of the healthy uninsured to delay coverage until the mandate becomes more punitive.
3. Employees who lose group coverage if employers opt to direct them to the IM exchange. This is more likely if the group employs low income individuals who will become eligible for a premium subsidy in 2014. We expect that this scenario is furthermore more likely in the small, rather than large, group market. Today's group market is less healthy than the IM market, so this migration is expected to increase the average cost of the IM population.
4. Individuals currently covered through the state/federal high risk pools and the conversion (or HIPAA) markets. To the extent these high risk individuals enter the IM market, it will increase the average cost of the insured population.

We have reviewed various scenarios and have determined a final estimate is that the morbidity of the insured population in Colorado will increase by 30%. We utilized the data within the "Cost of the Future Newly Insured under the Affordable Care Act (ACA)" study prepared by Optum Health and commissioned by the Society of Actuaries in order to assess possible scenarios and develop our assumption. In addition, we compared our estimates against various industry studies in order to validate the reasonableness of our results. We made the following key assumptions in our final cost increase estimate:

1. Medicaid will expand to cover low income individuals in Colorado.
2. The state high risk pool will terminate existing individuals in 2014.
3. There will be some portion of the currently uninsured population that will be slow to adopt the exchange purchasing process in 2014. In particular, there is a significant risk that healthy individuals that have only a small portion of their premium subsidized will make the decision to forgo insurance in 2014.

In addition to the expected change in the average risk of the insured population, we anticipate that there will be an increase in utilization relative to our experience period due to the pent up demand of the newly insured. When consumers are uninsured or underinsured, they may opt to delay healthcare services. Historically, approximately 30% of our sales have been to customers who did not previously have health insurance. These previously uninsured customers have claim experience that is significantly worse than those with prior coverage. This experience discrepancy is most pronounced in the first 6 months of coverage, when the experience relativity between these two cohorts is up to 20% higher than the ultimate relativity. We expect that the mandate to purchase insurance may temper the pent up demand of the newly insured entering the market in 2014. Therefore, the 2014 utilization on newly insured individuals will not have as large of a spike as our historical experience. Our assumption is that an additional 10% of our block will be newly insured individuals, with 10% higher than typical utilization in the first 6 months of coverage. This leads to an

adjustment of 0.5% within our pricing and claim projection.

Changes in Benefits: There is an adjustment of 3.5% within our pricing and claim projection to include new and expanded benefits in accordance with the EHB requirements of the ACA. The table below lists the estimated additional cost associated with each new benefit. The Pediatric Dental expense was estimated using commercial group experience for 2011 and 2012 from our sister segment, Assurant Employee Benefits. The remaining estimates are based upon purchased data of experience of a standard population.

Benefit	Estimated Additional Cost
Mental Health and Substance Abuse	1.2%
Pediatric Vision	0.4%
Private Duty Nursing	0.3%
Pediatric Dental	1.6%
GRAND TOTAL	3.5%

In addition, it is expected that the average actuarial value of our block will increase from approximately 60% to approximately 65% after the change to standardized Bronze, Silver, Gold and Platinum metallic plans. Furthermore, approximately 30% of business within our experience data is on a plan that has an actuarial value of 55% or less. We expect that richer benefits in 2014 will induce demand for healthcare services that is higher than the average utilization within our base experience. We assume that future Silver plans will have utilization that is 3% higher than our average current experience, Gold will be 8% higher, and Platinum will be 15% higher. Based upon our expected split of plans by metal level, we have adjusted our experience period claims by 1.6% in order to account for this benefit level driven increase in utilization.

Other Adjustments: We made an adjustment of 0.1% within our pricing and claim projection in order to account for expected worsening in Preferred Provider Organization (PPO) discounts in 2014 relative to the 2012 experience period. Our expected PPO discounts are developed by using a combination of experience and reported data from the networks that we lease.

Trend Factors (cost/utilization): The effects on future claims of inflation, advancing medical technology and techniques, and increased utilization and cost shifting are accounted for by an annual secular trend assumption of 10.5%. This is an allowed claims trend factor. This trend was developed from historical experience of our nationwide block. Please see Appendix B for further detail. Experience was trended for 24 months, from the mid-point of 2012 to the mid-point of 2014.

6. Credibility Manual Rate Development

The manual rate reflects the Assurant Health Individual Medical 2012 nationwide allowed

claims per member per month (pmpm). This allowed pmpm value has been adjusted to address the following needs:

1. Adjust the nationwide claims to reflect the Assurant Health distribution by age and tobacco use in Colorado.
2. Remove the impact of claims experience from Colorado (to avoid double counting this experience in the rate development).
3. Adjust to reflect the specific utilization and charge level patterns of Colorado.

External data, in conjunction with claims experience from 2011, is used to determine the Colorado to nationwide expected cost relativity. In order to determine this relativity for 2011, regression analysis is used holding age, gender, and smoking status constant. If 2011 experience in Colorado is not fully credible, the state relative cost factor is blended with a state relative cost factor developed using Truven Analytics MarketScan® 2011 database. Controlling for age and gender, regression analysis on the Truven database produced the state to nationwide allowed cost relativity. The 2011 and Truven blended relativity factor is referred to as the manual state factor.

A regression based on nationwide 2012 allowed claims experience was used to smooth allowed claim levels by age, gender, and smoking status. From this regression, predicted allowed claims were calculated at each age and smoking status combination. These allowed pmpm claim levels are applied to the Colorado distribution of membership by age, gender, and smoking status and summed. In addition, an adjustment is applied to remove the influence Colorado claims have on the nationwide average claims.

The manual state factor is multiplied by adjusted 2012 national claim levels as described in the previous paragraph to calculate the manual pmpm allowed claims in the state. The manual rate is blended with the base period rate as described in the credibility section below.

The manual rate was adjusted to the 2014 pricing period using the projection factors listed in the section above.

7. Credibility of Experience

The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

Based upon Colorado credibility methodology, our Colorado pooled experience as used within pricing is 100% credible. The unpooled base experience as used in the Unified Rate Review Template is also 100% credible.

8. Paid to Allowed Ratio

Our projected Paid to Allowed Ratio is .647.

The Actuarial Value (AV) Calculator provided by HHS produces values that are very close to our historical paid to allowed ratios on an aggregate basis. Therefore, we determined it was reasonable to use the HHS AV calculator to develop estimates of the paid to allowed ratio of our 2014 insured population. Moreover, in order to develop the projected Paid to Allowed Ratio, we estimated the AV for each of our current customers. We then assumed that any customer with a current plan with an AV of less than 65% will choose a Bronze plan in 2014. Furthermore, we assumed that customers that currently have a plan with an AV between 65% and 75% will choose a Silver plan; customers between 75% and 85% will choose a Gold plan; the remaining customers will choose a Platinum plan.

9. Risk Adjustment and Reinsurance

Risk Adjustment: In 2014, the ACA establishes a Risk Adjustment Program that will allow issuers to set premiums according to the average actuarial risk in the individual and small group market without respect to the type of risk selection the issuer would otherwise expect. The ACA establishes a standard quantification of risk with the HCC-HHS risk scoring model. In order to set premiums according to the average risk, Assurant Health must estimate our risk relative to the state average individual major medical risk.

To establish this estimate, Assurant Health participated in the Wakely National Risk Adjustment Simulation Project (WNRASP). In this project the Wakely Consulting Group quantified risk using the HCC-HHS model that Health and Human Services (HHS) developed for implementation in 2014. Wakely conducted risk simulations in individual and small group markets only when 75%+ of the state wide membership was represented. Health plans covering these members used claim experience to determine plan liability risk scores consistent with the HCC-HHS methodology. Health plan specific liability risk scores along with allowable rating factors are compared to the scores of all market participants consistent with the methodology set forth in the Risk Adjustment Program.

The WNRASP results provided to Assurant Health quantify the difference in the risk of the Assurant Health book of business relative to the state and market average risk. The state result is adjusted to the extent that base period data was less than 100% credible, in order to be on a consistent basis with the index rate for the state. The final result for use in our pricing methodology was a 0.94 risk score. This indicates that Assurant Health business practices (e.g. distribution methods and underwriting) and member selection patterns have created a book of experience with 6% lower costs. Our pricing was adjusted by a factor of 1.0/0.94 to represent the average actuarial risk, as shown in Appendix A. This multiplicative adjustment is consistently applied across all plans within the state.

Reinsurance Recoveries: In 2014, the ACA has a Reinsurance Program that will reimburse carriers 80% of claim costs between \$60,000 and \$250,000 per member. We have made a negative 15.0% adjustment to our expected claim costs within our pricing in order to account for expected reinsurance recoveries. This adjustment is consistently applied across all plans within the state. Our reinsurance recovery assumption was developed using Truven Health MarketScan® Research Databases that is representative of a standard population and with

coverage similar to the ACA EHB package. The exposure and claim data was limited to members that had complete data and were on a non-capitated basis. In addition, the claim data for each member was trended to 2014 and a utilization adjustment was made to scale claims to the appropriate cost sharing level. The reinsurance formula was applied by member, and the result was divided by total paid claims on the same adjusted basis. This process was done to estimate a reinsurance recovery factor for each plan metal level. The final composite factor above was developed based upon our expected mix of Bronze, Silver, Gold and Platinum business.

Reinsurance Contributions: The Reinsurance Program is funded by a fee of \$5.25 per member per month. We have increased our expected claim costs within our pricing development by 2.0% in order to cover this fee. In order to maintain compliance with the required relativity of prices by age, we have applied the adjustment on a multiplicative basis. Our adjustment factor was developed by dividing \$5.25 by the expected total per member per month claim costs in the state.

10. Non-Benefit Expenses and Profit & Risk

The table below lists the expected Non-Benefit Expenses and Target Profit for Assurant Health in Colorado. The pricing load to cover these expenses is applied consistently across products and plans. These items are discussed in detail in the following paragraphs.

Expense Category	% of Premium
General and Administrative	11.00%
Commissions and Sales Bonus	6.50%
Managed Care and Cost Containment	3.00%
Quality Improvement	0.50%
Net Investment Income	-2.50%
Taxes, Fees and State Assessments	2.69%
PPACA Health Insurer Fee	1.50%
PPACA PCORI Fee	0.05%
PPACA Risk Adjustment User Fee	0.02%
Federal Income Taxes	3.00%
Profit and Risk Margin (After Tax)	3.00%
Reduction in Margin to Reach 73% Loss Ratio	-1.76%
Total	27.00%

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the ACA. The calculation of the Medical Loss Ratio is shown in the Projected Loss Ratio section. The final priced for Total Non-Benefit Expenses and Profit is 27.0%. This will result in an actual margin for risk and profit that is lower than the target shown above.

In addition, please note that expenses for each functional area within the company are recorded at a nationwide level. Expense assumptions for a state and product are allocated and represented on a percent of premium basis. This percent of premium representation of expenses is consistent with our actual to expected loss ratio pricing methodology.

Administrative Expense Loads: General and Administrative Expenses: This category accounts for the expenses of administering the business, such as claim payment expenses. The assumption was derived from actual expenses in 2012 relative to actual revenue. Total revenue for Assurant Health is expected to slightly decline in 2013 and then again in 2014. Therefore, it is appropriate to assume the 2012 expense ratio will not be leveraged in 2014. In developing this expense assumption, underwriting expenses were adjusted due to the reduction of staff within the underwriting functional area that will occur in response to the 2014 market rules.

Commissions and Sales Bonus: This is a variable expense that represents the cost of acquiring business. Our commission schedules and bonus campaigns will be set to 6.5% of premium.

Managed Care and Cost Containment Expenses: This is a variable expense that accounts for expenses incurred in order to reduce claims costs, such as access fees paid to the Preferred Provider Organization Networks that are leased on behalf of our customers. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Quality Improvement Expenses: This category accounts for expenses incurred in order to improve the quality of healthcare. Quality Improvement Expenses are added to claim payments in the Medical Loss Ratio Calculation. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Net Investment Income: This category accounts for investment income earned on reserves and surplus. This assumption was derived from our actual current net investment income ratio.

Profit & Risk Margin: Our targeted after tax margin for risk and profit is 3% of premium. The pricing load for this 3% after tax margin is applied consistently across products.

Taxes and Fees: Health Insurer Fee: \$8 billion will be collected nationally for this fee in 2014. The fee is based on our share of the total market premium. It is estimated that this fee will be 1.5% of premium. Furthermore, this fee is not deductible from federal income taxes.

State Premium Taxes and Assessments: This is composed of a 2% state premium tax and 0.63% for Other Regulatory and Miscellaneous Fees.

PPACA PCORI Fees: \$2 per member per year (2/12/365.28)

PPACA Risk Adjustment User Fee: \$0.08 per member per month (.08/365.28)

Income Taxes: Federal Income Taxes are expected to be 3% of premium, calculated as $((6\% + 1.5\%) \times 40\%)$, where 6% is the pre-tax profit margin, 1.5% is the non-deductible ACA health insurer fee cost and 40% is an approximation of the federal income tax rate for Assurant Health. Please note that our effective federal income tax rate is expected to be greater than the standard 35% due to the non-deductibility of certain internal and external individual compensation. This non-deductible compensation is incurred within non-health insurance lines of business from our parent company, Assurant, Inc.

Exchange User Fees: We will only issue business off the exchange in this state in 2014. Thus, there is no exchange user fee to cover.

11. Projected Loss Ratio

The projected future loss ratio for the period of 1/1/2014 through 12/31/2014 is 73.0%. Our premium rate was developed by dividing projected incurred claims by the priced for loss ratio.

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the Affordable Care Act. A calculation of the projected Medical Loss Ratio (MLR) is shown below:

$$\begin{aligned} \text{MLR} &= (\text{Claims} + \text{Quality Improvement Expense}) / (\text{Premium} - \text{Taxes and Fees}) \\ &= (A + B + C) / (D - E - F - G) \\ &= (73.0\% + 0.5\% + 1\%) / (100\% - 3.5\% - 1.5\% - 2\%) \\ &= 80\% \end{aligned}$$

Where:

- A is Incurred Claims, net of Reinsurance and Risk Adjustment Transfers
- B is Expenses for Improvement in the Quality of Healthcare
- C is an adjustment due to the state level aggregation of the MLR calculation
- D is premium
- E is state premium taxes and other assessments and fees
- F is the Health Insurer Fee
- G is Federal Income Taxes (excluding taxes on profit due to Investment Income)

The 1% adjustment due to the state level aggregation of the MLR calculation, which is labeled C above, is included because of the inherent statistical fluctuation expected in state level loss ratios. State level MLRs will vary from 80%, even if our total nationwide MLR comes in exactly as priced for at 80%. Therefore, pricing to an 80% MLR will lead to a necessity to pay rebates in certain states. This will result in a post rebate loss ratio above 80% on a nationwide basis. A hypothetical example is illustrated below.

State	Premium	Claims	Loss Ratio	Credibility Adjustment	Rebates	Post Rebate Loss Ratio
A	100	75	75%	3%	2	77%
B	100	85	85%	0%	0	85%
Total	200	160	80%		2	81%

In order to mitigate this situation, we made a 1% adjustment to our priced for loss ratios. If applicable, rebates will be paid to customers in accordance with federal regulations and based upon actual experience.

12. Index Rate

The Index Rate is the estimated total allowed claims per member per month for all non-grandfathered plans for all essential health benefits within the state. This figure does not include adjustments for Reinsurance or Risk Adjustment transfers. There are no material covered benefits in excess of the Essential Health Benefits. Please see Appendix A for detail on the projected 2014 Index Rate calculation. Also, please see the Rate Algorithm Explanation Section below for details on how rates are calculated relative to the Index Rate.

13. AV Metal Values

The HHS Actuarial Value Calculator (AVC) was used to generate the AV values and metal values for the majority of the plans in our portfolio. There are a select number of Assurant Health plans that use an acceptable alternative methodology to generate AVs. The methodology used to develop these plans' AVs is detailed below.

1. Specialty High-Cost Drugs

Applicable Plans: Bronze 4, Bronze 5

Specialty Drugs for Assurant Health plans with a separate Rx deductible/coinsurance will go towards the medical deductible/coinsurance. The HHS AVC does not allow for the user to specify that specialty drugs should go to the medical deductible and coinsurance when inputting a plan design with a separate drug deductible. The following is a table detailing the average cost and scripts from the Bronze Rx continuance table in the HHS AVC:

Rx Category	Avg Cost per EE	Avg Scripts	% of Total Scripts
Generics	\$178.03	5.94	59.2%
Preferred Brand	\$534.99	3.55	35.4%
Non-Preferred Brand	\$117.58	0.51	5.1%
Specialty High-Cost	\$102.41	0.04	0.3%
Total	\$933.01	10.04	100%

Since the frequency of specialty high-cost drugs is very low compared to the other drug categories, I am certifying that the impact of the specialty high-cost drugs being subject to medical deductible/coinsurance instead of drug deductible/coinsurance will be insignificant to the AV.

2. Rx Brand Deductible Accumulation

Applicable Plans: Bronze 4, Bronze 5

Based on the documentation in the HHS AVC, services that have both deductibles and copays will be valued as though the copay is paid first, with the remainder going towards the deductible. However, for our plans with a separate drug deductible, the copays will only apply after the deductible is reached. To account for this, we have determined the equivalent coinsurance rate for the brand drugs and used that in place of the brand copays.

Plan	Brand Copay (pref/non-pref)	AV w/ no Rx Ded	Equivalent Coins
Bronze 4	\$50/\$75	62.1%	61%/61%
Bronze 5	\$50/\$75	62.8%	61%/61%

3. Office Visit Limits

Applicable Plans: Bronze 2, Silver 2, Silver 4

Office visit copay limits for Assurant Health plans will apply to primary care and specialty care office visits in total. The HHS calculator only allows for the user to apply copay limits to primary care visits. The average frequencies for office visits from the bronze and silver copay limits are detailed below:

	Avg Frequency - PCP	Avg Frequency - SP	Total	PCP % of Total
Bronze Combined Table	1.36	0.90	2.26	60%
Silver Combined Table	1.57	0.94	2.51	63%
			Assumed PCP % of Total	60%

Using the assumption that 60% of office visits are primary care, the table below details the number of visits that would be primary care vs. specialty for a 4 total visit limit and a 10 total visit limit.

Visit Limit	PCP %	PCP Visits	SP Visits
4	60%	2	2
10	60%	6	4

Therefore, for a plan with a 4 copay limit, a 2 copay limit was inputted for primary care, and likewise for a 10 visit limit, a 6 copay limit was inputted. The value calculated below for the Bronze 2 plan was subtracted from the HHS AV to account for the visit limits on specialty care. For the silver plans, moving from an unlimited PCP copay to a 4 copay limit has a negligible effect on the AV. Therefore, I am certifying that the AV impact of a specialist copay limit on the Silver 2 and Silver 4 plans will be insignificant.

	Bronze 2
AV No Copay (a)	59.0%
AV Unlimited \$35 PCP Copay (b)	61.3%
AV 2 Visit \$35 Copay (c)	60.2%
Impact of No copay to unlimited (d = b-a)	2.3%
Impact of No copay to X visit limit (e = c-a)	1.2%
Net Impact (f = (d-e)/d)	48%
AV Unlimited \$35 SP Copay (g)	60.5%
Est. AV Impact of 2 Visit SP Limit (h = -(g-a)*f)	-0.7%

Plan	AV Impact
Bronze 2	-0.7%
Silver 2	0.0%
Silver 4	0.0%

4. \$500 First Dollar D/X/L Benefit

Applicable Plans: Silver 3, Silver 4

Assurant Health will have two silver plans that have a \$500 first dollar Lab and X-Ray benefit. In order to evaluate the actuarial value of this benefit, a new continuance table had to be created since the HHS AVC cannot calculate the impact of first dollar benefits.

The claim cost basis was selected as the actuarial continuance tables of the HHS AVC. The continuance tables of the HHS actuarial tables are comprised of claim costs segregated by service category, plus an allowance for additional claim costs expected from high risk pools. Continuance tables were built to remove the additional cost of the high risk tables. The value added to the tables was a set dollar amount, without allocation to the separate service category claim costs. Two aggregate tables were built, one reflecting all service categories and the second reflecting all service categories without Lab and X-Ray, both of these tables excluding the high risk pool additional costs.

Expected claim costs were developed for each metal level at a deductible level that generates the prescribed metal actuarial value, with an integrated medical and drug deductible.

A continuance table of Lab and X-Ray benefits was built from data from Milliman. The table was adjusted so that total claim costs of Lab and X-ray benefits were equal to the amount of claims for Lab and X-Rays under each metal benefit level. The continuance table was split into professional and technical by the use of a level proportion across all average claim levels.

The continuance table was utilized to derive a \$500 first dollar coverage benefit. Remaining claims were then applied to the base plan deductible. Each metal plan continuance table was relied on to derive this value.

Below are the calculations of the \$500 first dollar lab and X-ray benefit resulting from the process described above:

	Silver 3	Silver 4
Claim Cost of Plan at Metal Level (a)	\$3,136	\$2,889
- includes all medical and pharmacy benefits		
Claim Cost of Plan at Metal Level (b)	\$2,854	\$2,617
- no benefits for Lab and X-Ray		
Value of Lab and X-Ray (c)	\$164	\$164
- first dollar benefits, up to \$500		
Additional Value of Lab and X-Ray, applied against deductible (d)	\$166	\$154
- includes an estimate of impact of deductible		
New Estimate of Medical Claim Cost e = (b+c+d)	\$3,183	\$2,935
Rider Add-on Cost (e/a-1):	1.5%	1.6%

Plan	AV Impact
Silver 3	1.5%
Silver 4	1.6%

5. One Deductible Plans

Affected plans: 1-Ded Bronze 1, 1-Ded Bronze 2

The One Deductible product design consists of a single family deductible for plans with more than 1 member. The scope of this product design is outside those allowed by the HHS AVC.

A HHS continuance table was adjusted that replicated results of the Bronze level AV's from the HHS AVC, using an integrated deductible.

This Bronze-like continuance table was conjugated with itself to represent the expected claims of 2, 3, 4, 5, 6, or 7 members under a unified family deductible.

Expected member-level AV's are then developed from an inputted plan design, for each of seven different continuance tables. An aggregate plan level Actuarial Value is developed from a business weighting by family size. The following table shows the calculation of the aggregate.

Number of Members	Mix of Business	1-Ded Bronze 1 AV's	1-Ded Bronze 2 AV's
1	43%	61.0%	61.4%
2	19%	51.3%	51.9%
3	13%	55.4%	56.0%
4	15%	59.4%	59.7%
5	7%	63.1%	63.2%
6	2%	66.5%	66.3%
7+	1%	69.6%	69.1%
Aggregate Actuarial Value:		58.5%	58.9%

The plan portfolio for Assurant Health is included in Appendix C. Screenshots of the AV calculations can be found in Appendix D.

14. AV Pricing Values

The AV pricing values include the AVs, calculated as described above, in addition to an adjustment for utilization differences we expect due to plan cost sharing design. While we understand the difficulty in differentiating increased utilization from an increased risk profile, we do feel it is appropriate to adjust lower member cost sharing plans for increased utilization. In the Actuarial Value Calculator Methodology document released by HHS, HHS states that spending is affected by plan design through induced demand, and they in turn have explicitly differentiated and estimated the impact of induced utilization by metal level. An internal study has confirmed that induced utilization is relevant and suggests that the HHS defined induced utilization factors for the 4 metal levels of 1.00, 1.03, 1.08, and 1.15, respectively, may be conservative. Results from the internal study are as follows.

LOB	Bronze Plan Liability Risk Score			Allowed Per Member Per Year			Induced Utilization ($g=(1+f)/(1+c)-1$)
	< \$5,000 Ded (a)	>= \$5,000 Ded (b)	Increase ($c=a/b-1$)	< \$5,000 Ded (d)	>= \$5,000 Ded (e)	Increase ($f=d/e$)	
IM	0.50	0.42	17%	\$ 2,897	\$ 2,059	41%	20%

Since we don't have enough credibility to determine separate induced utilization factors for each metal level, we are applying the prescribed HHS induced utilization factors used in the HHS risk score to our plans. The bronze level will be the basis for the pricing AV values and will not have any induced utilization factor applied.

Please see the Rate Algorithm section below for further information regarding the adjustment in pricing of the Catastrophic Plan relative to the AV.

15. Membership Projections

Please see Appendix E for projected experience in 2014. Our projection of member months was developed by taking our recent sales and lapse rates and applying them to current membership. Member months were projected through the end of 2014. We have assumed that the size of the Individual Market outside the exchange will remain relatively stable through 2014. Therefore, our recent historical sales and lapse rates will provide a reasonable estimation of the future because Assurant Health will only sell outside the public exchange in 2014 in Colorado. Furthermore, note that there will be no cost sharing reduction subsidies applicable to our block of business. Also, please note that while our Non-Grandfathered Block is increasing in size, our Grandfathered block is decreasing because there are no new entrants. Nationwide, our total block size in 2014 is expected to remain relatively stable relative to our current block.

16. Terminated Products

Non-grandfathered products on forms TIM.POL.CO, 253 and 553 will be discontinued beginning 1/1/2014. These products are included in the experience period data.

In addition, all products on forms 494 and 497 will be discontinued.

17. Plan Type

All 2014 Individual Medical Plans will be PPO plans.

18. Warning Alerts

Warning alerts from the unified rate review template are explained below:

1. A warning appears because the index rate for the projection period that we entered in cell v44 is greater than the projected allowed experience claims calculated in worksheet 1 cell V32 of the URRT. We feel that this difference is justified because the index rate is using our actual pricing data and methodology, which is slightly different than that used on the unified rate review template. These differences are explained in the actuarial memorandum.
2. A warning also appears in rows 86, 93, and 98 of worksheet 2 because of a difference in total allowed claims and total incurred claims. The worksheet asks for the totals, but the warning checks against the totals after reinsurance and risk adjustments instead of the true total.
3. A warning appears in row 82 of the URRT worksheet 2 because the total premium does not equal worksheet 1. The premium difference is well under 1% and is caused by our method of rounding off the total projected member months to a whole number.

19. Effective Rate Review Information**1. Assumption, Acquisition, or Merger**

The products included in this rate filing are not part of an assumption, acquisition, or merger.

2. Underwriting

The underwriting application process will be limited to eligibility verification.

3. Effect of Law Changes

The effects of the Affordable Care Act are addressed throughout the actuarial memorandum.

4. Rate History

This is a new product, so there is no rate history.

5. Coordination of Benefits

This rate filing reflects actual loss experience net of any savings associated with coordination of benefits and/or subrogation.

20. Rate Algorithm Section

The Index Rate is translated to a Base Rate for the state based upon a 21 year old non-tobacco user (1.0 factor), as illustrated in Appendix A. The following adjustments, as shown in the attached rate algorithm manual, are made to the base rate in order to develop the final rate for a specific member:

1. Multiplied by an Age factor as specified for the state.
2. Multiplied by a Tobacco factor. The tobacco factor is 1.14 for ages 21 and older. The non-tobacco user factor is 1.0.
3. Multiplied by a Rating Area factor. Area factors were developed using internal company pre-discounted allowed claim experience. In areas that were less than 100% credible, internal experience was supplemented with consultant data. The Area factor is constant across all plans and is balanced to equal 1.0 in total for the state.
4. Multiplied by a PPO network factor. PPO factors were developed using internal company discount experience in conjunction with reported discounts from the network. The PPO factor is constant across all plans and is balanced to equal 1.0 in total for the state.
5. Multiplied by a Reinsurance Adjustment factor. This factor was developed as described in the section above. This factor is separate from the 21 year old base rate

in order to provide flexibility to update in future years, as the Reinsurance Program changes.

6. Multiplied by a Plan Actuarial Value factor and a Metal Level Utilization factor. These factors are used to incorporate the appropriate price relative to the actuarial value and cost-sharing design of the plan. These factors are based upon expected benefit level differences given a common population, and in no way reflect differences in expected population risks between plans.
7. Multiplied by a Catastrophic Plan Factor. We assumed that the catastrophic plan population will almost entirely consist of consumers under age 30, thus, the younger consumers on this plan will not need to subsidize older consumers. Therefore, to develop our Catastrophic Plan adjustment factor, we have estimated and removed the impact to the 18-30 year old price that was specifically due to the change from our current age slope to the new state specified 3:1 age slope.
8. Multiplied by a Trend Factor. This is set to a 1.0 for 2014.

21. Reliance

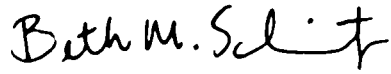
In developing this rate filing I relied upon information provided by others within my department, as well as on information provided by other departments within the organization. I have reviewed this information for reasonableness, and I consider it to be reliable.

22. Actuarial Certification

I am a member of the American Academy of Actuaries. To the best of my knowledge and judgment,

1. This rate filing is in compliance with the applicable laws and regulations concerning premium rate development in this state and the benefits are reasonable in relationship to premiums.
2. The projected index rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations.
 - b. Developed in compliance with the Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
3. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
5. The HHS AV Calculator was used to determine the AV Metal Values for all plans shown in Worksheet 2 of the Part I Unified Rate Review Template except for those documented in this memorandum. The AV values for those documented in the

memorandum were developed based on one of the acceptable alternative methods and are in accordance with generally accepted actuarial principles and methodologies.

A handwritten signature in black ink that reads "Beth M. Schmitz". The signature is fluid and cursive, with a horizontal line drawn underneath it.

Beth Schmitz, FSA, MAAA
Director – IM Actuarial
7/2013

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Formula

Monthly Base Rate

* Age Curve Factor

* Plan Benefit Factor

* PPO Factor

* Area Factor

* Tobacco Factor

* Trend Factor

* Reinsurance Factor

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependent under age 21 will be charged a premium rate.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Age Curve Factor	1
* Plan Benefit Factor	0.592
* PPO Factor	0.888
* Area Factor	1.06
* Tobacco Factor	1
* Trend Factor	1
* Reinsurance Factor	0.867
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Base Factor
462.63

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AGE CURVE

<u>Attained</u>	
<u>Age</u>	<u>Age Curve</u>
0	0.635
1	0.635
2	0.635
3	0.635
4	0.635
5	0.635
6	0.635
7	0.635
8	0.635
9	0.635
10	0.635
11	0.635
12	0.635
13	0.635
14	0.635
15	0.635
16	0.635
17	0.635
18	0.635
19	0.635
20	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65	3.000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN BENEFIT FACTOR

<u>Plan Marketing Name</u>	<u>Metal Level</u>	<u>Network ID</u>	<u>Network Name</u>	<u>Component ID</u>	<u>Plan Benefit Factor</u>
Non 1-Ded Bronze 1	Bronze 1	CON001	ASA	39060CO0190001	0.592
Non 1-Ded Bronze 1	Bronze 1	CON002	GWH	39060CO0190010	0.592
Non 1-Ded Bronze 2	Bronze 2	CON001	ASA	39060CO0190019	0.613
Non 1-Ded Bronze 2	Bronze 2	CON002	GWH	39060CO0190020	0.613
Non 1-Ded Bronze 3	Bronze 3	CON001	ASA	39060CO0190002	0.616
Non 1-Ded Bronze 3	Bronze 3	CON002	GWH	39060CO0190011	0.616
Non 1-Ded Bronze 4	Bronze 4	CON001	ASA	39060CO0190021	0.609
Non 1-Ded Bronze 4	Bronze 4	CON002	GWH	39060CO0190023	0.609
Non 1-Ded Bronze 5	Bronze 5	CON001	ASA	39060CO0190022	0.618
Non 1-Ded Bronze 5	Bronze 5	CON002	GWH	39060CO0190024	0.618
Non 1-Ded Silver 1	Silver 1	CON001	ASA	39060CO0190003	0.709
Non 1-Ded Silver 1	Silver 1	CON002	GWH	39060CO0190012	0.709
Non 1-Ded Silver 2	Silver 2	CON001	ASA	39060CO0190025	0.722
Non 1-Ded Silver 2	Silver 2	CON002	GWH	39060CO0190029	0.722
Non 1-Ded Silver 3	Silver 3	CON001	ASA	39060CO0190004	0.709
Non 1-Ded Silver 3	Silver 3	CON002	GWH	39060CO0190013	0.709
Non 1-Ded Silver 4	Silver 4	CON001	ASA	39060CO0190026	0.741
Non 1-Ded Silver 4	Silver 4	CON002	GWH	39060CO0190030	0.741
Non 1-Ded Gold 1	Gold 1	CON001	ASA	39060CO0190005	0.851
Non 1-Ded Gold 1	Gold 1	CON002	GWH	39060CO0190014	0.851
Non 1-Ded Gold 2	Gold 2	CON001	ASA	39060CO0190027	0.882
Non 1-Ded Gold 2	Gold 2	CON002	GWH	39060CO0190031	0.882
Non 1-Ded Platinum 1	Platinum 1	CON001	ASA	39060CO0190006	1.014
Non 1-Ded Platinum 1	Platinum 1	CON002	GWH	39060CO0190015	1.014
Non 1-Ded Platinum 2	Platinum 2	CON001	ASA	39060CO0190028	1.013
Non 1-Ded Platinum 2	Platinum 2	CON002	GWH	39060CO0190032	1.013
Non 1-Ded Catastrophic 1	Catastrophic 1	CON001	ASA	39060CO0190007	0.482
Non 1-Ded Catastrophic 1	Catastrophic 1	CON002	GWH	39060CO0190016	0.482
1-Ded Bronze 1	Bronze 1	CON001	ASA	39060CO0190008	0.585
1-Ded Bronze 1	Bronze 1	CON002	GWH	39060CO0190017	0.585
1-Ded Bronze 2	Bronze 2	CON001	ASA	39060CO0190009	0.589
1-Ded Bronze 2	Bronze 2	CON002	GWH	39060CO0190018	0.589

[illegible]

CO	CON001	ASA	CO - Rating Area 5	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 5	39060CO0190009	1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 6	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 6	39060CO0190009	1-Ded Bronze 2	Bronze 2	1.104
CO	CON001	ASA	CO - Rating Area 7	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.086
CO	CON001	ASA	CO - Rating Area 7	39060CO0190009	1-Ded Bronze 2	Bronze 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.086

CO	CON001	ASA	CO - Rating Area 8	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190009	1-Ded Bronze 2	Bronze 2	1.086
CO	CON001	ASA	CO - Rating Area 9	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190009	1-Ded Bronze 2	Bronze 2	1.104
CO	CON001	ASA	CO - Rating Area 10	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190009	1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190009	1-Ded Bronze 2	Bronze 2	1.163
CO	CON002	GWH	CO - Rating Area 1	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190012	Non 1-Ded Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190029	Non 1-Ded Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190013	Non 1-Ded Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190030	Non 1-Ded Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190014	Non 1-Ded Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190031	Non 1-Ded Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190017	1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190018	1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190012	Non 1-Ded Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190029	Non 1-Ded Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190013	Non 1-Ded Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190030	Non 1-Ded Silver 4	Silver 4	0.896

[illegible]

CO	CON002	GWH	CO - Rating Area 8	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190012	Non 1-Ded Silver 1	Silver 1	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190029	Non 1-Ded Silver 2	Silver 2	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190013	Non 1-Ded Silver 3	Silver 3	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190030	Non 1-Ded Silver 4	Silver 4	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190014	Non 1-Ded Gold 1	Gold 1	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190031	Non 1-Ded Gold 2	Gold 2	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190017	1-Ded Bronze 1	Bronze 1	1.084
CO	CON002	GWH	CO - Rating Area 8	39060CO0190018	1-Ded Bronze 2	Bronze 2	1.084
CO	CON002	GWH	CO - Rating Area 9	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190012	Non 1-Ded Silver 1	Silver 1	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190029	Non 1-Ded Silver 2	Silver 2	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190013	Non 1-Ded Silver 3	Silver 3	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190030	Non 1-Ded Silver 4	Silver 4	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190014	Non 1-Ded Gold 1	Gold 1	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190031	Non 1-Ded Gold 2	Gold 2	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190017	1-Ded Bronze 1	Bronze 1	1.126
CO	CON002	GWH	CO - Rating Area 9	39060CO0190018	1-Ded Bronze 2	Bronze 2	1.126
CO	CON002	GWH	CO - Rating Area 10	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190012	Non 1-Ded Silver 1	Silver 1	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190029	Non 1-Ded Silver 2	Silver 2	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190013	Non 1-Ded Silver 3	Silver 3	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190030	Non 1-Ded Silver 4	Silver 4	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190014	Non 1-Ded Gold 1	Gold 1	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190031	Non 1-Ded Gold 2	Gold 2	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190017	1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 10	39060CO0190018	1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190012	Non 1-Ded Silver 1	Silver 1	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190029	Non 1-Ded Silver 2	Silver 2	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190013	Non 1-Ded Silver 3	Silver 3	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190030	Non 1-Ded Silver 4	Silver 4	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190014	Non 1-Ded Gold 1	Gold 1	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190031	Non 1-Ded Gold 2	Gold 2	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190017	1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 11	39060CO0190018	1-Ded Bronze 2	Bronze 2	1.304

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO

Rate Formula

Monthly Base Rate

* Age Curve Factor

* Plan Benefit Factor

* PPO Factor

* Area Factor

* Tobacco Factor

* Trend Factor

* Reinsurance Factor

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependents under age 21 will be charged a premium rate.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Age Curve Factor	1
* Plan Benefit Factor	0.592
* PPO Factor	0.888
* Area Factor	1.06
* Tobacco Factor	1
* Trend Factor	1
* Reinsurance Factor	0.867
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Base Factor
462.63

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AGE CURVE

<u>Attained</u>	
<u>Age</u>	<u>Age Curve</u>
0	0.635
1	0.635
2	0.635
3	0.635
4	0.635
5	0.635
6	0.635
7	0.635
8	0.635
9	0.635
10	0.635
11	0.635
12	0.635
13	0.635
14	0.635
15	0.635
16	0.635
17	0.635
18	0.635
19	0.635
20	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65	3.000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN BENEFIT FACTOR

<u>Plan Marketing Name</u>	<u>Metal Level</u>	<u>Network ID</u>	<u>Network Name</u>	<u>Component ID</u>	<u>Plan Benefit Factor</u>
Non 1-Ded Bronze 1	Bronze 1	CON001	ASA	39060CO0190001	0.592
Non 1-Ded Bronze 1	Bronze 1	CON002	GWH	39060CO0190010	0.592
Non 1-Ded Bronze 2	Bronze 2	CON001	ASA	39060CO0190019	0.613
Non 1-Ded Bronze 2	Bronze 2	CON002	GWH	39060CO0190020	0.613
Non 1-Ded Bronze 3	Bronze 3	CON001	ASA	39060CO0190002	0.616
Non 1-Ded Bronze 3	Bronze 3	CON002	GWH	39060CO0190011	0.616
Non 1-Ded Bronze 4	Bronze 4	CON001	ASA	39060CO0190021	0.609
Non 1-Ded Bronze 4	Bronze 4	CON002	GWH	39060CO0190023	0.609
Non 1-Ded Bronze 5	Bronze 5	CON001	ASA	39060CO0190022	0.618
Non 1-Ded Bronze 5	Bronze 5	CON002	GWH	39060CO0190024	0.618
Non 1-Ded Silver 1	Silver 1	CON001	ASA	39060CO0190003	0.709
Non 1-Ded Silver 1	Silver 1	CON002	GWH	39060CO0190012	0.709
Non 1-Ded Silver 2	Silver 2	CON001	ASA	39060CO0190025	0.722
Non 1-Ded Silver 2	Silver 2	CON002	GWH	39060CO0190029	0.722
Non 1-Ded Silver 3	Silver 3	CON001	ASA	39060CO0190004	0.709
Non 1-Ded Silver 3	Silver 3	CON002	GWH	39060CO0190013	0.709
Non 1-Ded Silver 4	Silver 4	CON001	ASA	39060CO0190026	0.741
Non 1-Ded Silver 4	Silver 4	CON002	GWH	39060CO0190030	0.741
Non 1-Ded Gold 1	Gold 1	CON001	ASA	39060CO0190005	0.851
Non 1-Ded Gold 1	Gold 1	CON002	GWH	39060CO0190014	0.851
Non 1-Ded Gold 2	Gold 2	CON001	ASA	39060CO0190027	0.882
Non 1-Ded Gold 2	Gold 2	CON002	GWH	39060CO0190031	0.882
Non 1-Ded Platinum 1	Platinum 1	CON001	ASA	39060CO0190006	1.014
Non 1-Ded Platinum 1	Platinum 1	CON002	GWH	39060CO0190015	1.014
Non 1-Ded Platinum 2	Platinum 2	CON001	ASA	39060CO0190028	1.013
Non 1-Ded Platinum 2	Platinum 2	CON002	GWH	39060CO0190032	1.013
Non 1-Ded Catastrophic 1	Catastrophic 1	CON001	ASA	39060CO0190007	0.482
Non 1-Ded Catastrophic 1	Catastrophic 1	CON002	GWH	39060CO0190016	0.482
1-Ded Bronze 1	Bronze 1	CON001	ASA	39060CO0190008	0.585
1-Ded Bronze 1	Bronze 1	CON002	GWH	39060CO0190017	0.585
1-Ded Bronze 2	Bronze 2	CON001	ASA	39060CO0190009	0.589
1-Ded Bronze 2	Bronze 2	CON002	GWH	39060CO0190018	0.589

[illegible]

CO	CON001	ASA	CO - Rating Area 8	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190003	Non 1-Ded Silver 2	Silver 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190025	Non 1-Ded Silver 3	Silver 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.086
CO	CON001	ASA	CO - Rating Area 8	39060CO0190009	Non 1-Ded Bronze 2	Bronze 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.104
CO	CON001	ASA	CO - Rating Area 9	39060CO0190009	Non 1-Ded Bronze 2	Bronze 2	1.114
CO	CON001	ASA	CO - Rating Area 10	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 10	39060CO0190009	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190001	Non 1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190019	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190002	Non 1-Ded Bronze 3	Bronze 3	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190003	Non 1-Ded Silver 1	Silver 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190025	Non 1-Ded Silver 2	Silver 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190004	Non 1-Ded Silver 3	Silver 3	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190026	Non 1-Ded Silver 4	Silver 4	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190005	Non 1-Ded Gold 1	Gold 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190027	Non 1-Ded Gold 2	Gold 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190006	Non 1-Ded Platinum 1	Platinum 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190028	Non 1-Ded Platinum 2	Platinum 2	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190007	Non 1-Ded Catastrophic 1	Catastrophic 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190008	1-Ded Bronze 1	Bronze 1	1.163
CO	CON001	ASA	CO - Rating Area 11	39060CO0190009	Non 1-Ded Bronze 2	Bronze 2	1.163
CO	CON002	GWH	CO - Rating Area 1	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190012	Non 1-Ded Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190029	Non 1-Ded Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190013	Non 1-Ded Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190030	Non 1-Ded Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190014	Non 1-Ded Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190031	Non 1-Ded Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190017	1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 1	39060CO0190018	1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190012	Non 1-Ded Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190029	Non 1-Ded Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190013	Non 1-Ded Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190030	Non 1-Ded Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190014	Non 1-Ded Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190031	Non 1-Ded Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190017	1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 2	39060CO0190018	1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190012	Non 1-Ded Silver 1	Silver 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190029	Non 1-Ded Silver 2	Silver 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190013	Non 1-Ded Silver 3	Silver 3	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190030	Non 1-Ded Silver 4	Silver 4	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190014	Non 1-Ded Gold 1	Gold 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190031	Non 1-Ded Gold 2	Gold 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190017	1-Ded Bronze 1	Bronze 1	0.896
CO	CON002	GWH	CO - Rating Area 3	39060CO0190018	1-Ded Bronze 2	Bronze 2	0.896
CO	CON002	GWH	CO - Rating Area 4	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190012	Non 1-Ded Silver 1	Silver 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190029	Non 1-Ded Silver 2	Silver 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190013	Non 1-Ded Silver 3	Silver 3	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190030	Non 1-Ded Silver 4	Silver 4	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190014	Non 1-Ded Gold 1	Gold 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190031	Non 1-Ded Gold 2	Gold 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190017	1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 4	39060CO0190018	1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190010	Non 1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190020	Non 1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190011	Non 1-Ded Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190023	Non 1-Ded Bronze 4	Bronze 4	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190024	Non 1-Ded Bronze 5	Bronze 5	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190012	Non 1-Ded Silver 1	Silver 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190029	Non 1-Ded Silver 2	Silver 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190013	Non 1-Ded Silver 3	Silver 3	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190030	Non 1-Ded Silver 4	Silver 4	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190014	Non 1-Ded Gold 1	Gold 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190031	Non 1-Ded Gold 2	Gold 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190015	Non 1-Ded Platinum 1	Platinum 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190032	Non 1-Ded Platinum 2	Platinum 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190016	Non 1-Ded Catastrophic 1	Catastrophic 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190017	1-Ded Bronze 1	Bronze 1	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190018	1-Ded Bronze 2	Bronze 2	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190019	Non 1-Ded Bronze 3	Bronze 3	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190021	Non 1-Ded Bronze 4	Bronze 4	1.304
CO	CON002	GWH	CO - Rating Area 5	39060CO0190022	Non 1-Ded Bronze 5	Bronze 5	1.304
CO	CON002	GWH</					

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ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Formula

Monthly Base Rate

* Actuarial Value Factor

* Utilization Factor

* PPO Factor

* Area Factor

* Trend Factor

* Reinsurance Factor

* Tobacco Factor

* Age Curve

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependent under age 21 will be charged a premium rate.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Actuarial Value Factor	0.592
* Utilization Factor	1.00
* PPO Factor	0.888
* Area Factor	1.06
* Trend Factor	1
* Reinsurance Factor	0.867
* Tobacco Factor	1
* Age Curve	1
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Base Factor
462.63

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN ACTUARIAL VALUE

<u>Metal Plan</u>	<u>Network ID</u>	<u>Network Name</u>	<u>Component ID</u>	<u>Actuarial Value</u>
Non 1-Ded Bronze 1	CON001	ASA	39060CO0190001	0.592
Non 1-Ded Bronze 1	CON002	GWH	39060CO0190010	0.592
Non 1-Ded Bronze 2	CON001	ASA	39060CO0190019	0.613
Non 1-Ded Bronze 2	CON002	GWH	39060CO0190020	0.613
Non 1-Ded Bronze 3	CON001	ASA	39060CO0190002	0.616
Non 1-Ded Bronze 3	CON002	GWH	39060CO0190011	0.616
Non 1-Ded Bronze 4	CON001	ASA	39060CO0190021	0.609
Non 1-Ded Bronze 4	CON002	GWH	39060CO0190023	0.609
Non 1-Ded Bronze 5	CON001	ASA	39060CO0190022	0.618
Non 1-Ded Bronze 5	CON002	GWH	39060CO0190024	0.618
Non 1-Ded Silver 1	CON001	ASA	39060CO0190003	0.688
Non 1-Ded Silver 1	CON002	GWH	39060CO0190012	0.688
Non 1-Ded Silver 2	CON001	ASA	39060CO0190025	0.701
Non 1-Ded Silver 2	CON002	GWH	39060CO0190029	0.701
Non 1-Ded Silver 3	CON001	ASA	39060CO0190004	0.688
Non 1-Ded Silver 3	CON002	GWH	39060CO0190013	0.688
Non 1-Ded Silver 4	CON001	ASA	39060CO0190026	0.719
Non 1-Ded Silver 4	CON002	GWH	39060CO0190030	0.719
Non 1-Ded Gold 1	CON001	ASA	39060CO0190005	0.788
Non 1-Ded Gold 1	CON002	GWH	39060CO0190014	0.788
Non 1-Ded Gold 2	CON001	ASA	39060CO0190027	0.817
Non 1-Ded Gold 2	CON002	GWH	39060CO0190031	0.817
Non 1-Ded Platinum 1	CON001	ASA	39060CO0190006	0.882
Non 1-Ded Platinum 1	CON002	GWH	39060CO0190015	0.882
Non 1-Ded Platinum 2	CON001	ASA	39060CO0190028	0.881
Non 1-Ded Platinum 2	CON002	GWH	39060CO0190032	0.881
Non 1-Ded Catastrophic 1	CON001	ASA	39060CO0190007	0.603
Non 1-Ded Catastrophic 1	CON002	GWH	39060CO0190016	0.603
1-Ded Bronze 1	CON001	ASA	39060CO0190008	0.585
1-Ded Bronze 1	CON002	GWH	39060CO0190017	0.585
1-Ded Bronze 2	CON001	ASA	39060CO0190009	0.589
1-Ded Bronze 2	CON002	GWH	39060CO0190018	0.589

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
UTILIZATION

<u>Metal Plan</u>	<u>Utilization</u>
Bronze	1.00
Silver	1.03
Gold	1.08
Platinum	1.15
Catastrophic	0.80

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PPO FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Vendor</u>	<u>PPO Factor</u>
CO	CO - Rating Area 1	ASA	0.888
CO	CO - Rating Area 1	GWH	0.896
CO	CO - Rating Area 2	ASA	0.888
CO	CO - Rating Area 2	GWH	0.896
CO	CO - Rating Area 3	ASA	0.888
CO	CO - Rating Area 3	GWH	0.896
CO	CO - Rating Area 4	ASA	1.163
CO	CO - Rating Area 4	GWH	1.304
CO	CO - Rating Area 5	ASA	1.163
CO	CO - Rating Area 5	GWH	1.304
CO	CO - Rating Area 6	ASA	1.104
CO	CO - Rating Area 6	GWH	1.126
CO	CO - Rating Area 7	ASA	1.086
CO	CO - Rating Area 7	GWH	1.084
CO	CO - Rating Area 8	ASA	1.086
CO	CO - Rating Area 8	GWH	1.084
CO	CO - Rating Area 9	ASA	1.104
CO	CO - Rating Area 9	GWH	1.126
CO	CO - Rating Area 10	ASA	1.163
CO	CO - Rating Area 10	GWH	1.304
CO	CO - Rating Area 11	ASA	1.163
CO	CO - Rating Area 11	GWH	1.304

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS**

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AGE CURVE

<u>Attained</u>	
<u>Age</u>	<u>Age Curve</u>
0	0.635
1	0.635
2	0.635
3	0.635
4	0.635
5	0.635
6	0.635
7	0.635
8	0.635
9	0.635
10	0.635
11	0.635
12	0.635
13	0.635
14	0.635
15	0.635
16	0.635
17	0.635
18	0.635
19	0.635
20	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65	3.000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO

Rate Formula

Monthly Base Rate

* Actuarial Value Factor

* Utilization Factor

* PPO Factor

* Area Factor

* Trend Factor

* Reinsurance Factor

* Tobacco Factor

* Age Curve

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependents under age 21 will be charged a premium rate.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Actuarial Value Factor	0.592
* Utilization Factor	1.00
* PPO Factor	0.888
* Area Factor	1.06
* Trend Factor	1
* Reinsurance Factor	0.867
* Tobacco Factor	1
* Age Curve	1
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Base Factor
462.63

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN ACTUARIAL VALUE

<u>Metal Plan</u>	<u>Network ID</u>	<u>Network Name</u>	<u>Component ID</u>	<u>Actuarial Value</u>
Non 1-Ded Bronze 1	CON001	ASA	39060CO0190001	0.592
Non 1-Ded Bronze 1	CON002	GWH	39060CO0190010	0.592
Non 1-Ded Bronze 2	CON001	ASA	39060CO0190019	0.613
Non 1-Ded Bronze 2	CON002	GWH	39060CO0190020	0.613
Non 1-Ded Bronze 3	CON001	ASA	39060CO0190002	0.616
Non 1-Ded Bronze 3	CON002	GWH	39060CO0190011	0.616
Non 1-Ded Bronze 4	CON001	ASA	39060CO0190021	0.609
Non 1-Ded Bronze 4	CON002	GWH	39060CO0190023	0.609
Non 1-Ded Bronze 5	CON001	ASA	39060CO0190022	0.618
Non 1-Ded Bronze 5	CON002	GWH	39060CO0190024	0.618
Non 1-Ded Silver 1	CON001	ASA	39060CO0190003	0.688
Non 1-Ded Silver 1	CON002	GWH	39060CO0190012	0.688
Non 1-Ded Silver 2	CON001	ASA	39060CO0190025	0.701
Non 1-Ded Silver 2	CON002	GWH	39060CO0190029	0.701
Non 1-Ded Silver 3	CON001	ASA	39060CO0190004	0.688
Non 1-Ded Silver 3	CON002	GWH	39060CO0190013	0.688
Non 1-Ded Silver 4	CON001	ASA	39060CO0190026	0.719
Non 1-Ded Silver 4	CON002	GWH	39060CO0190030	0.719
Non 1-Ded Gold 1	CON001	ASA	39060CO0190005	0.788
Non 1-Ded Gold 1	CON002	GWH	39060CO0190014	0.788
Non 1-Ded Gold 2	CON001	ASA	39060CO0190027	0.817
Non 1-Ded Gold 2	CON002	GWH	39060CO0190031	0.817
Non 1-Ded Platinum 1	CON001	ASA	39060CO0190006	0.882
Non 1-Ded Platinum 1	CON002	GWH	39060CO0190015	0.882
Non 1-Ded Platinum 2	CON001	ASA	39060CO0190028	0.881
Non 1-Ded Platinum 2	CON002	GWH	39060CO0190032	0.881
Non 1-Ded Catastrophic 1	CON001	ASA	39060CO0190007	0.603
Non 1-Ded Catastrophic 1	CON002	GWH	39060CO0190016	0.603
1-Ded Bronze 1	CON001	ASA	39060CO0190008	0.585
1-Ded Bronze 1	CON002	GWH	39060CO0190017	0.585
1-Ded Bronze 2	CON001	ASA	39060CO0190009	0.589
1-Ded Bronze 2	CON002	GWH	39060CO0190018	0.589

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
UTILIZATION

<u>Metal Plan</u>	<u>Utilization</u>
Bronze	1.00
Silver	1.03
Gold	1.08
Platinum	1.15
Catastrophic	0.80

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PPO FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Vendor</u>	<u>PPO Factor</u>
CO	CO - Rating Area 1	ASA	0.888
CO	CO - Rating Area 1	GWH	0.896
CO	CO - Rating Area 2	ASA	0.888
CO	CO - Rating Area 2	GWH	0.896
CO	CO - Rating Area 3	ASA	0.888
CO	CO - Rating Area 3	GWH	0.896
CO	CO - Rating Area 4	ASA	1.163
CO	CO - Rating Area 4	GWH	1.304
CO	CO - Rating Area 5	ASA	1.163
CO	CO - Rating Area 5	GWH	1.304
CO	CO - Rating Area 6	ASA	1.104
CO	CO - Rating Area 6	GWH	1.126
CO	CO - Rating Area 7	ASA	1.086
CO	CO - Rating Area 7	GWH	1.084
CO	CO - Rating Area 8	ASA	1.086
CO	CO - Rating Area 8	GWH	1.084
CO	CO - Rating Area 9	ASA	1.104
CO	CO - Rating Area 9	GWH	1.126
CO	CO - Rating Area 10	ASA	1.163
CO	CO - Rating Area 10	GWH	1.304
CO	CO - Rating Area 11	ASA	1.163
CO	CO - Rating Area 11	GWH	1.304

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AGE CURVE

<u>Attained</u>	
<u>Age</u>	<u>Age Curve</u>
0	0.635
1	0.635
2	0.635
3	0.635
4	0.635
5	0.635
6	0.635
7	0.635
8	0.635
9	0.635
10	0.635
11	0.635
12	0.635
13	0.635
14	0.635
15	0.635
16	0.635
17	0.635
18	0.635
19	0.635
20	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65	3.000

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Formula

Monthly Base Rate

* Tobacco Factor

* Actuarial Value Factor

* Utilization Factor

* PPO Factor

* Area Factor

* Trend Factor

* Reinsurance Factor

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependents under age 21 will be charged a premium rate.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Tobacco Factor	1
* Actuarial Value Factor	0.592
* Utilization Factor	1.00
* PPO Factor	0.888
* Area Factor	1.06
* Trend Factor	1
* Reinsurance Factor	0.867
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Attained Age	Monthly Base Factor
0	293.77
1	293.77
2	293.77
3	293.77
4	293.77
5	293.77
6	293.77
7	293.77
8	293.77
9	293.77
10	293.77
11	293.77
12	293.77
13	293.77
14	293.77
15	293.77
16	293.77
17	293.77
18	293.77
19	293.77
20	293.77
21	462.63
22	462.63
23	462.63
24	462.63
25	464.48
26	473.73
27	484.83
28	502.88
29	517.68
30	525.08
31	536.18
32	547.29
33	554.23
34	561.63
35	565.33
36	569.03
37	572.73
38	576.43
39	583.84
40	591.24
41	602.34
42	612.98
43	627.79
44	646.29
45	668.03
46	693.94
47	723.09
48	756.40
49	789.24
50	826.25
51	862.80
52	903.05
53	943.76
54	987.71
55	1031.66
56	1079.31
57	1127.42
58	1178.77
59	1204.22
60	1255.57
61	1299.98
62	1329.13
63	1365.68
64	1387.88
65	1387.88

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN ACTUARIAL VALUE

<u>Metal Plan</u>	<u>Network ID</u>	<u>Network Name</u>	<u>Component ID</u>	<u>Actuarial Value</u>
Non 1-Ded Bronze 1	CON001	ASA	39060CO0190001	0.592
Non 1-Ded Bronze 1	CON002	GWH	39060CO0190010	0.592
Non 1-Ded Bronze 2	CON001	ASA	39060CO0190019	0.613
Non 1-Ded Bronze 2	CON002	GWH	39060CO0190020	0.613
Non 1-Ded Bronze 3	CON001	ASA	39060CO0190002	0.616
Non 1-Ded Bronze 3	CON002	GWH	39060CO0190011	0.616
Non 1-Ded Bronze 4	CON001	ASA	39060CO0190021	0.609
Non 1-Ded Bronze 4	CON002	GWH	39060CO0190023	0.609
Non 1-Ded Bronze 5	CON001	ASA	39060CO0190022	0.618
Non 1-Ded Bronze 5	CON002	GWH	39060CO0190024	0.618
Non 1-Ded Silver 1	CON001	ASA	39060CO0190003	0.688
Non 1-Ded Silver 1	CON002	GWH	39060CO0190012	0.688
Non 1-Ded Silver 2	CON001	ASA	39060CO0190025	0.701
Non 1-Ded Silver 2	CON002	GWH	39060CO0190029	0.701
Non 1-Ded Silver 3	CON001	ASA	39060CO0190004	0.688
Non 1-Ded Silver 3	CON002	GWH	39060CO0190013	0.688
Non 1-Ded Silver 4	CON001	ASA	39060CO0190026	0.719
Non 1-Ded Silver 4	CON002	GWH	39060CO0190030	0.719
Non 1-Ded Gold 1	CON001	ASA	39060CO0190005	0.788
Non 1-Ded Gold 1	CON002	GWH	39060CO0190014	0.788
Non 1-Ded Gold 2	CON001	ASA	39060CO0190027	0.817
Non 1-Ded Gold 2	CON002	GWH	39060CO0190031	0.817
Non 1-Ded Platinum 1	CON001	ASA	39060CO0190006	0.882
Non 1-Ded Platinum 1	CON002	GWH	39060CO0190015	0.882
Non 1-Ded Platinum 2	CON001	ASA	39060CO0190028	0.881
Non 1-Ded Platinum 2	CON002	GWH	39060CO0190032	0.881
Non 1-Ded Catastrophic 1	CON001	ASA	39060CO0190007	0.603
Non 1-Ded Catastrophic 1	CON002	GWH	39060CO0190016	0.603
1-Ded Bronze 1	CON001	ASA	39060CO0190008	0.585
1-Ded Bronze 1	CON002	GWH	39060CO0190017	0.585
1-Ded Bronze 2	CON001	ASA	39060CO0190009	0.589
1-Ded Bronze 2	CON002	GWH	39060CO0190018	0.589

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
UTILIZATION

<u>Metal Plan</u>	<u>Utilization</u>
Bronze	1.00
Silver	1.03
Gold	1.08
Platinum	1.15
Catastrophic	0.80

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PPO FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Vendor</u>	<u>PPO Factor</u>
CO	CO - Rating Area 1	ASA	0.888
CO	CO - Rating Area 1	GWH	0.896
CO	CO - Rating Area 2	ASA	0.888
CO	CO - Rating Area 2	GWH	0.896
CO	CO - Rating Area 3	ASA	0.888
CO	CO - Rating Area 3	GWH	0.896
CO	CO - Rating Area 4	ASA	1.163
CO	CO - Rating Area 4	GWH	1.304
CO	CO - Rating Area 5	ASA	1.163
CO	CO - Rating Area 5	GWH	1.304
CO	CO - Rating Area 6	ASA	1.104
CO	CO - Rating Area 6	GWH	1.126
CO	CO - Rating Area 7	ASA	1.086
CO	CO - Rating Area 7	GWH	1.084
CO	CO - Rating Area 8	ASA	1.086
CO	CO - Rating Area 8	GWH	1.084
CO	CO - Rating Area 9	ASA	1.104
CO	CO - Rating Area 9	GWH	1.126
CO	CO - Rating Area 10	ASA	1.163
CO	CO - Rating Area 10	GWH	1.304
CO	CO - Rating Area 11	ASA	1.163
CO	CO - Rating Area 11	GWH	1.304

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Formula

Monthly Base Rate

* Tobacco Factor

* Actuarial Value Factor

* Utilization Factor

* PPO Factor

* Area Factor

* Trend Factor

* Reinsurance Factor

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependents under age 21 will be charged a premium rate.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Tobacco Factor	1
* Actuarial Value Factor	0.592
* Utilization Factor	1.00
* PPO Factor	0.888
* Area Factor	1.06
* Trend Factor	1
* Reinsurance Factor	0.867
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Attained Age	Monthly Base Factor
0	293.77
1	293.77
2	293.77
3	293.77
4	293.77
5	293.77
6	293.77
7	293.77
8	293.77
9	293.77
10	293.77
11	293.77
12	293.77
13	293.77
14	293.77
15	293.77
16	293.77
17	293.77
18	293.77
19	293.77
20	293.77
21	462.63
22	462.63
23	462.63
24	462.63
25	464.48
26	473.73
27	484.83
28	502.88
29	517.68
30	525.08
31	536.18
32	547.29
33	554.23
34	561.63
35	565.33
36	569.03
37	572.73
38	576.43
39	583.84
40	591.24
41	602.34
42	612.98
43	627.79
44	646.29
45	668.03
46	693.94
47	723.09
48	756.40
49	789.24
50	826.25
51	862.80
52	903.05
53	943.76
54	987.71
55	1031.66
56	1079.31
57	1127.42
58	1178.77
59	1204.22
60	1255.57
61	1299.98
62	1329.13
63	1365.68
64	1387.88
65	1387.88

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN ACTUARIAL VALUE

<u>Metal Plan</u>	<u>Network ID</u>	<u>Network Name</u>	<u>Component ID</u>	<u>Actuarial Value</u>
Non 1-Ded Bronze 1	CON001	ASA	39060CO0190001	0.592
Non 1-Ded Bronze 1	CON002	GWH	39060CO0190010	0.592
Non 1-Ded Bronze 2	CON001	ASA	39060CO0190019	0.613
Non 1-Ded Bronze 2	CON002	GWH	39060CO0190020	0.613
Non 1-Ded Bronze 3	CON001	ASA	39060CO0190002	0.616
Non 1-Ded Bronze 3	CON002	GWH	39060CO0190011	0.616
Non 1-Ded Bronze 4	CON001	ASA	39060CO0190021	0.609
Non 1-Ded Bronze 4	CON002	GWH	39060CO0190023	0.609
Non 1-Ded Bronze 5	CON001	ASA	39060CO0190022	0.618
Non 1-Ded Bronze 5	CON002	GWH	39060CO0190024	0.618
Non 1-Ded Silver 1	CON001	ASA	39060CO0190003	0.688
Non 1-Ded Silver 1	CON002	GWH	39060CO0190012	0.688
Non 1-Ded Silver 2	CON001	ASA	39060CO0190025	0.701
Non 1-Ded Silver 2	CON002	GWH	39060CO0190029	0.701
Non 1-Ded Silver 3	CON001	ASA	39060CO0190004	0.688
Non 1-Ded Silver 3	CON002	GWH	39060CO0190013	0.688
Non 1-Ded Silver 4	CON001	ASA	39060CO0190026	0.719
Non 1-Ded Silver 4	CON002	GWH	39060CO0190030	0.719
Non 1-Ded Gold 1	CON001	ASA	39060CO0190005	0.788
Non 1-Ded Gold 1	CON002	GWH	39060CO0190014	0.788
Non 1-Ded Gold 2	CON001	ASA	39060CO0190027	0.817
Non 1-Ded Gold 2	CON002	GWH	39060CO0190031	0.817
Non 1-Ded Platinum 1	CON001	ASA	39060CO0190006	0.882
Non 1-Ded Platinum 1	CON002	GWH	39060CO0190015	0.882
Non 1-Ded Platinum 2	CON001	ASA	39060CO0190028	0.881
Non 1-Ded Platinum 2	CON002	GWH	39060CO0190032	0.881
Non 1-Ded Catastrophic 1	CON001	ASA	39060CO0190007	0.603
Non 1-Ded Catastrophic 1	CON002	GWH	39060CO0190016	0.603
1-Ded Bronze 1	CON001	ASA	39060CO0190008	0.585
1-Ded Bronze 1	CON002	GWH	39060CO0190017	0.585
1-Ded Bronze 2	CON001	ASA	39060CO0190009	0.589
1-Ded Bronze 2	CON002	GWH	39060CO0190018	0.589

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
UTILIZATION

<u>Metal Plan</u>	<u>Utilization</u>
Bronze	1.00
Silver	1.03
Gold	1.08
Platinum	1.15
Catastrophic	0.80

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PPO FACTORS**

<u>State</u>	<u>Rating Area</u>	<u>Vendor</u>	<u>PPO Factor</u>
CO	CO - Rating Area 1	ASA	0.888
CO	CO - Rating Area 1	GWH	0.896
CO	CO - Rating Area 2	ASA	0.888
CO	CO - Rating Area 2	GWH	0.896
CO	CO - Rating Area 3	ASA	0.888
CO	CO - Rating Area 3	GWH	0.896
CO	CO - Rating Area 4	ASA	1.163
CO	CO - Rating Area 4	GWH	1.304
CO	CO - Rating Area 5	ASA	1.163
CO	CO - Rating Area 5	GWH	1.304
CO	CO - Rating Area 6	ASA	1.104
CO	CO - Rating Area 6	GWH	1.126
CO	CO - Rating Area 7	ASA	1.086
CO	CO - Rating Area 7	GWH	1.084
CO	CO - Rating Area 8	ASA	1.086
CO	CO - Rating Area 8	GWH	1.084
CO	CO - Rating Area 9	ASA	1.104
CO	CO - Rating Area 9	GWH	1.126
CO	CO - Rating Area 10	ASA	1.163
CO	CO - Rating Area 10	GWH	1.304
CO	CO - Rating Area 11	ASA	1.163
CO	CO - Rating Area 11	GWH	1.304

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS**

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Formula

Monthly Base Rate

* Tobacco Factor

* Actuarial Value Factor

* Utilization Factor

* PPO Factor

* Area Factor

* Trend Factor

* Reinsurance Factor

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependents under age 21 will be charged a premium rate.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Tobacco Factor	1
* Actuarial Value Factor	0.592
* Utilization Factor	1.00
* PPO Factor	0.888
* Area Factor	1.06
* Trend Factor	1
* Reinsurance Factor	0.867
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Attained Age	Monthly Base Factor
0	293.77
1	293.77
2	293.77
3	293.77
4	293.77
5	293.77
6	293.77
7	293.77
8	293.77
9	293.77
10	293.77
11	293.77
12	293.77
13	293.77
14	293.77
15	293.77
16	293.77
17	293.77
18	293.77
19	293.77
20	293.77
21	462.63
22	462.63
23	462.63
24	462.63
25	464.48
26	473.73
27	484.83
28	502.88
29	517.68
30	525.08
31	536.18
32	547.29
33	554.23
34	561.63
35	565.33
36	569.03
37	572.73
38	576.43
39	583.84
40	591.24
41	602.34
42	612.98
43	627.79
44	646.29
45	668.03
46	693.94
47	723.09
48	756.40
49	789.24
50	826.25
51	862.80
52	903.05
53	943.76
54	987.71
55	1031.66
56	1079.31
57	1127.42
58	1178.77
59	1204.22
60	1255.57
61	1299.98
62	1329.13
63	1365.68
64	1387.88
65	1387.88

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN ACTUARIAL VALUE

<u>Metal Plan</u>	<u>Actuarial Value</u>
Non 1-Ded Bronze 1	0.592
Non 1-Ded Bronze 2	0.613
Non 1-Ded Bronze 3	0.616
Non 1-Ded Bronze 4	0.609
Non 1-Ded Bronze 5	0.618
Non 1-Ded Silver 1	0.688
Non 1-Ded Silver 2	0.701
Non 1-Ded Silver 3	0.688
Non 1-Ded Silver 4	0.719
Non 1-Ded Gold 1	0.788
Non 1-Ded Gold 2	0.817
Non 1-Ded Platinum 1	0.882
Non 1-Ded Platinum 2	0.881
Non 1-Ded Catastrophic 1	0.603
1-Ded Bronze 1	0.585
1-Ded Bronze 2	0.589

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
UTILIZATION

<u>Metal Plan</u>	<u>Utilization</u>
Bronze	1.00
Silver	1.03
Gold	1.08
Platinum	1.15
Catastrophic	0.80

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PPO FACTORS**

<u>State</u>	<u>Rating Area</u>	<u>Vendor</u>	<u>PPO Factor</u>
CO	CO - Rating Area 1	ASA	0.888
CO	CO - Rating Area 1	GWH	0.896
CO	CO - Rating Area 2	ASA	0.888
CO	CO - Rating Area 2	GWH	0.896
CO	CO - Rating Area 3	ASA	0.888
CO	CO - Rating Area 3	GWH	0.896
CO	CO - Rating Area 4	ASA	1.163
CO	CO - Rating Area 4	GWH	1.304
CO	CO - Rating Area 5	ASA	1.163
CO	CO - Rating Area 5	GWH	1.304
CO	CO - Rating Area 6	ASA	1.104
CO	CO - Rating Area 6	GWH	1.126
CO	CO - Rating Area 7	ASA	1.086
CO	CO - Rating Area 7	GWH	1.084
CO	CO - Rating Area 8	ASA	1.086
CO	CO - Rating Area 8	GWH	1.084
CO	CO - Rating Area 9	ASA	1.104
CO	CO - Rating Area 9	GWH	1.126
CO	CO - Rating Area 10	ASA	1.163
CO	CO - Rating Area 10	GWH	1.304
CO	CO - Rating Area 11	ASA	1.163
CO	CO - Rating Area 11	GWH	1.304

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS**

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO**

Rate Formula

Monthly Base Rate

* Tobacco Factor

* Actuarial Value Factor

* Utilization Factor

* PPO Factor

* Area Factor

* Trend Factor

* Reinsurance Factor

Final Rate

A rate is calculated for each individual on the policy. However, only the oldest three dependents under age 21 will be charged a premium rate.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO

Rate Example

Non 1-Ded Bronze 1 Plan
Age 21, Non-Smoker
CO - Rating Area 1, ASA PPO Network
1/1/2014 Effective Date

Monthly Base Rate	462.63
* Tobacco Factor	1
* Actuarial Value Factor	0.592
* Utilization Factor	1.00
* PPO Factor	0.888
* Area Factor	1.06
* Trend Factor	1
* Reinsurance Factor	0.867
Final Rate	223.51

^ Actual final rate may differ slightly due to system rounding.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
BASE TABLE

Attained	
Age	Monthly Base Factor
0	293.77
1	293.77
2	293.77
3	293.77
4	293.77
5	293.77
6	293.77
7	293.77
8	293.77
9	293.77
10	293.77
11	293.77
12	293.77
13	293.77
14	293.77
15	293.77
16	293.77
17	293.77
18	293.77
19	293.77
20	293.77
21	462.63
22	462.63
23	462.63
24	462.63
25	464.48
26	473.73
27	484.83
28	502.88
29	517.68
30	525.08
31	536.18
32	547.29
33	554.23
34	561.63
35	565.33
36	569.03
37	572.73
38	576.43
39	583.84
40	591.24
41	602.34
42	612.98
43	627.79
44	646.29
45	668.03
46	693.94
47	723.09
48	756.40
49	789.24
50	826.25
51	862.80
52	903.05
53	943.76
54	987.71
55	1031.66
56	1079.31
57	1127.42
58	1178.77
59	1204.22
60	1255.57
61	1299.98
62	1329.13
63	1365.68
64	1387.88
65	1387.88

Note: Final rate calculation may differ due to rounding

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TOBACCO FACTOR

Attained	
<u>Age</u>	<u>Tobacco Factor</u>
0	N/A
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	1.00
19	1.00
20	1.00
21	1.14
22	1.14
23	1.14
24	1.14
25	1.14
26	1.14
27	1.14
28	1.14
29	1.14
30	1.14
31	1.14
32	1.14
33	1.14
34	1.14
35	1.14
36	1.14
37	1.14
38	1.14
39	1.14
40	1.14
41	1.14
42	1.14
43	1.14
44	1.14
45	1.14
46	1.14
47	1.14
48	1.14
49	1.14
50	1.14
51	1.14
52	1.14
53	1.14
54	1.14
55	1.14
56	1.14
57	1.14
58	1.14
59	1.14
60	1.14
61	1.14
62	1.14
63	1.14
64+	1.14

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PLAN ACTUARIAL VALUE

<u>Metal Plan</u>	<u>Actuarial Value</u>
Non 1-Ded Bronze 1	0.592
Non 1-Ded Bronze 2	0.613
Non 1-Ded Bronze 3	0.616
Non 1-Ded Bronze 4	0.609
Non 1-Ded Bronze 5	0.618
Non 1-Ded Silver 1	0.688
Non 1-Ded Silver 2	0.701
Non 1-Ded Silver 3	0.688
Non 1-Ded Silver 4	0.719
Non 1-Ded Gold 1	0.788
Non 1-Ded Gold 2	0.817
Non 1-Ded Platinum 1	0.882
Non 1-Ded Platinum 2	0.881
Non 1-Ded Catastrophic 1	0.603
1-Ded Bronze 1	0.585
1-Ded Bronze 2	0.589

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
UTILIZATION

<u>Metal Plan</u>	<u>Utilization</u>
Bronze	1.00
Silver	1.03
Gold	1.08
Platinum	1.15
Catastrophic	0.80

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
PPO FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Vendor</u>	<u>PPO Factor</u>
CO	CO - Rating Area 1	ASA	0.888
CO	CO - Rating Area 1	GWH	0.896
CO	CO - Rating Area 2	ASA	0.888
CO	CO - Rating Area 2	GWH	0.896
CO	CO - Rating Area 3	ASA	0.888
CO	CO - Rating Area 3	GWH	0.896
CO	CO - Rating Area 4	ASA	1.163
CO	CO - Rating Area 4	GWH	1.304
CO	CO - Rating Area 5	ASA	1.163
CO	CO - Rating Area 5	GWH	1.304
CO	CO - Rating Area 6	ASA	1.104
CO	CO - Rating Area 6	GWH	1.126
CO	CO - Rating Area 7	ASA	1.086
CO	CO - Rating Area 7	GWH	1.084
CO	CO - Rating Area 8	ASA	1.086
CO	CO - Rating Area 8	GWH	1.084
CO	CO - Rating Area 9	ASA	1.104
CO	CO - Rating Area 9	GWH	1.126
CO	CO - Rating Area 10	ASA	1.163
CO	CO - Rating Area 10	GWH	1.304
CO	CO - Rating Area 11	ASA	1.163
CO	CO - Rating Area 11	GWH	1.304

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
AREA FACTORS

<u>State</u>	<u>Rating Area</u>	<u>Area Factor</u>
CO	CO - Rating Area 1	1.060
CO	CO - Rating Area 2	0.870
CO	CO - Rating Area 3	1.070
CO	CO - Rating Area 4	0.890
CO	CO - Rating Area 5	0.830
CO	CO - Rating Area 6	0.870
CO	CO - Rating Area 7	1.030
CO	CO - Rating Area 8	0.960
CO	CO - Rating Area 9	1.040
CO	CO - Rating Area 10	0.970
CO	CO - Rating Area 11	1.040

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
TREND FACTORS

<u>Date</u>	<u>Trend Factor</u>
1/1/2014	1.0000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
REINSURANCE FACTORS

<u>Year</u>	<u>Reinsurance Factor</u>
2014	0.867

Sequence	Zip	Effective Date	Plan	Network	Modal Premium
1	80026	1/1/2014	1-Ded Bronze 1	ASA	Monthly
2	80813	1/1/2014	1-Ded Bronze 1	ASA	Monthly
3	80002	1/1/2014	1-Ded Bronze 1	ASA	Monthly
4	80515	1/1/2014	1-Ded Bronze 1	ASA	Monthly
5	81501	1/1/2014	1-Ded Bronze 1	ASA	Monthly
6	80520	1/1/2014	1-Ded Bronze 1	ASA	Monthly
7	81001	1/1/2014	1-Ded Bronze 1	ASA	Monthly
8	81101	1/1/2014	1-Ded Bronze 1	ASA	Monthly
9	80722	1/1/2014	1-Ded Bronze 1	ASA	Monthly
10	81121	1/1/2014	1-Ded Bronze 1	ASA	Monthly
11	80423	1/1/2014	1-Ded Bronze 1	ASA	Monthly
12	80026	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
13	80813	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
14	80002	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
15	80515	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
16	81501	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
17	80520	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
18	81001	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
19	81101	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
20	80722	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
21	81121	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
22	80423	1/1/2014	Non 1-Ded Bronze 5	ASA	Monthly
23	80026	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
24	80813	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
25	80002	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
26	80515	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
27	81501	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
28	80520	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
29	81001	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
30	81101	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
31	80722	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
32	81121	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
33	80423	1/1/2014	Non 1-Ded Silver 1	ASA	Monthly
34	80026	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
35	80813	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
36	80002	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
37	80515	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
38	81501	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
39	80520	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
40	81001	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
41	81101	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
42	80722	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly
43	81121	1/1/2014	Non 1-Ded Silver 4	ASA	Monthly

44	80423	1/1/2014 Non 1-Ded Silver 4	ASA	Monthly
45	80026	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
46	80813	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
47	80002	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
48	80515	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
49	81501	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
50	80520	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
51	81001	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
52	81101	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
53	80722	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
54	81121	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
55	80423	1/1/2014 Non 1-Ded Gold 1	ASA	Monthly
56	80026	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
57	80813	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
58	80002	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
59	80515	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
60	81501	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
61	80520	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
62	81001	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
63	81101	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
64	80722	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
65	81121	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
66	80423	1/1/2014 Non 1-Ded Gold 2	ASA	Monthly
67	80026	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
68	80813	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
69	80002	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
70	80515	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
71	81501	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
72	80520	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
73	81001	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
74	81101	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
75	80722	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
76	81121	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
77	80423	1/1/2014 Non 1-Ded Platinum 2	ASA	Monthly
78	80026	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
79	80813	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
80	80002	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
81	80515	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
82	81501	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
83	80520	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
84	81001	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
85	81101	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
86	80722	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
87	81121	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
88	80423	1/1/2014 Non 1-Ded Platinum 1	ASA	Monthly
89	80026	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
90	80813	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly

91	80002	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
92	80515	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
93	81501	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
94	80520	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
95	81001	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
96	81101	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
97	80722	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
98	81121	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
99	80423	1/1/2014 Non 1-Ded Catastrophic 1	ASA	Monthly
100	80026	41640 1-Ded Bronze 1	GWH	Monthly
101	80813	41640 1-Ded Bronze 1	GWH	Monthly
102	80002	41640 1-Ded Bronze 1	GWH	Monthly
103	80515	41640 1-Ded Bronze 1	GWH	Monthly
104	81501	41640 1-Ded Bronze 1	GWH	Monthly
105	80520	41640 1-Ded Bronze 1	GWH	Monthly
106	81001	41640 1-Ded Bronze 1	GWH	Monthly
107	81101	41640 1-Ded Bronze 1	GWH	Monthly
108	80722	41640 1-Ded Bronze 1	GWH	Monthly
109	81121	41640 1-Ded Bronze 1	GWH	Monthly
110	80423	41640 1-Ded Bronze 1	GWH	Monthly
111	80026	41640 Non 1-Ded Bronze 5	GWH	Monthly
112	80813	41640 Non 1-Ded Bronze 5	GWH	Monthly
113	80002	41640 Non 1-Ded Bronze 5	GWH	Monthly
114	80515	41640 Non 1-Ded Bronze 5	GWH	Monthly
115	81501	41640 Non 1-Ded Bronze 5	GWH	Monthly
116	80520	41640 Non 1-Ded Bronze 5	GWH	Monthly
117	81001	41640 Non 1-Ded Bronze 5	GWH	Monthly
118	81101	41640 Non 1-Ded Bronze 5	GWH	Monthly
119	80722	41640 Non 1-Ded Bronze 5	GWH	Monthly
120	81121	41640 Non 1-Ded Bronze 5	GWH	Monthly
121	80423	41640 Non 1-Ded Bronze 5	GWH	Monthly
122	80026	41640 Non 1-Ded Silver 1	GWH	Monthly
123	80813	41640 Non 1-Ded Silver 1	GWH	Monthly
124	80002	41640 Non 1-Ded Silver 1	GWH	Monthly
125	80515	41640 Non 1-Ded Silver 1	GWH	Monthly
126	81501	41640 Non 1-Ded Silver 1	GWH	Monthly
127	80520	41640 Non 1-Ded Silver 1	GWH	Monthly
128	81001	41640 Non 1-Ded Silver 1	GWH	Monthly
129	81101	41640 Non 1-Ded Silver 1	GWH	Monthly
130	80722	41640 Non 1-Ded Silver 1	GWH	Monthly
131	81121	41640 Non 1-Ded Silver 1	GWH	Monthly
132	80423	41640 Non 1-Ded Silver 1	GWH	Monthly
133	80026	41640 Non 1-Ded Silver 4	GWH	Monthly
134	80813	41640 Non 1-Ded Silver 4	GWH	Monthly
135	80002	41640 Non 1-Ded Silver 4	GWH	Monthly
136	80515	41640 Non 1-Ded Silver 4	GWH	Monthly
137	81501	41640 Non 1-Ded Silver 4	GWH	Monthly

138 80520	41640 Non 1-Ded Silver 4	GWH	Monthly
139 81001	41640 Non 1-Ded Silver 4	GWH	Monthly
140 81101	41640 Non 1-Ded Silver 4	GWH	Monthly
141 80722	41640 Non 1-Ded Silver 4	GWH	Monthly
142 81121	41640 Non 1-Ded Silver 4	GWH	Monthly
143 80423	41640 Non 1-Ded Silver 4	GWH	Monthly
144 80026	41640 Non 1-Ded Gold 1	GWH	Monthly
145 80813	41640 Non 1-Ded Gold 1	GWH	Monthly
146 80002	41640 Non 1-Ded Gold 1	GWH	Monthly
147 80515	41640 Non 1-Ded Gold 1	GWH	Monthly
148 81501	41640 Non 1-Ded Gold 1	GWH	Monthly
149 80520	41640 Non 1-Ded Gold 1	GWH	Monthly
150 81001	41640 Non 1-Ded Gold 1	GWH	Monthly
151 81101	41640 Non 1-Ded Gold 1	GWH	Monthly
152 80722	41640 Non 1-Ded Gold 1	GWH	Monthly
153 81121	41640 Non 1-Ded Gold 1	GWH	Monthly
154 80423	41640 Non 1-Ded Gold 1	GWH	Monthly
155 80026	41640 Non 1-Ded Gold 2	GWH	Monthly
156 80813	41640 Non 1-Ded Gold 2	GWH	Monthly
157 80002	41640 Non 1-Ded Gold 2	GWH	Monthly
158 80515	41640 Non 1-Ded Gold 2	GWH	Monthly
159 81501	41640 Non 1-Ded Gold 2	GWH	Monthly
160 80520	41640 Non 1-Ded Gold 2	GWH	Monthly
161 81001	41640 Non 1-Ded Gold 2	GWH	Monthly
162 81101	41640 Non 1-Ded Gold 2	GWH	Monthly
163 80722	41640 Non 1-Ded Gold 2	GWH	Monthly
164 81121	41640 Non 1-Ded Gold 2	GWH	Monthly
165 80423	41640 Non 1-Ded Gold 2	GWH	Monthly
166 80026	41640 Non 1-Ded Platinum 2	GWH	Monthly
167 80813	41640 Non 1-Ded Platinum 2	GWH	Monthly
168 80002	41640 Non 1-Ded Platinum 2	GWH	Monthly
169 80515	41640 Non 1-Ded Platinum 2	GWH	Monthly
170 81501	41640 Non 1-Ded Platinum 2	GWH	Monthly
171 80520	41640 Non 1-Ded Platinum 2	GWH	Monthly
172 81001	41640 Non 1-Ded Platinum 2	GWH	Monthly
173 81101	41640 Non 1-Ded Platinum 2	GWH	Monthly
174 80722	41640 Non 1-Ded Platinum 2	GWH	Monthly
175 81121	41640 Non 1-Ded Platinum 2	GWH	Monthly
176 80423	41640 Non 1-Ded Platinum 2	GWH	Monthly
177 80026	41640 Non 1-Ded Platinum 1	GWH	Monthly
178 80813	41640 Non 1-Ded Platinum 1	GWH	Monthly
179 80002	41640 Non 1-Ded Platinum 1	GWH	Monthly
180 80515	41640 Non 1-Ded Platinum 1	GWH	Monthly
181 81501	41640 Non 1-Ded Platinum 1	GWH	Monthly
182 80520	41640 Non 1-Ded Platinum 1	GWH	Monthly
183 81001	41640 Non 1-Ded Platinum 1	GWH	Monthly
184 81101	41640 Non 1-Ded Platinum 1	GWH	Monthly

185 80722	41640 Non 1-Ded Platinum 1	GWH	Monthly
186 81121	41640 Non 1-Ded Platinum 1	GWH	Monthly
187 80423	41640 Non 1-Ded Platinum 1	GWH	Monthly
188 80026	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
189 80813	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
190 80002	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
191 80515	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
192 81501	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
193 80520	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
194 81001	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
195 81101	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
196 80722	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
197 81121	41640 Non 1-Ded Catastrophic 1	GWH	Monthly
198 80423	41640 Non 1-Ded Catastrophic 1	GWH	Monthly

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40 N/A

Dep10 Dep11 Dep12 Dep13 Dep14 Dep15 Dep16 Dep17 Dep18 Dep19 Dep20

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Dep5 Tobacco Dep6 Tobacco Dep7 Tobacco Dep8 Tobacco Dep9 Tobacco Dep10 Tobacco

Dep11 Tobacco Dep12 Tobacco Dep13 Tobacco Dep14 Tobacco Dep15 Tobacco Dep16 Tobacco

Dep17 Tobacco Dep18 Tobacco Dep19 Tobacco Dep20 Tobacco

Sequence	Grand Total	Primary	Spouse	Dep1	Dep2	Dep3	Dep4	Dep5
1	282.27	282.27	0.00	0.00	0.00	0.00	0.00	0.00
2	231.67	231.67	0.00	0.00	0.00	0.00	0.00	0.00
3	284.93	284.93	0.00	0.00	0.00	0.00	0.00	0.00
4	310.39	310.39	0.00	0.00	0.00	0.00	0.00	0.00
5	289.47	289.47	0.00	0.00	0.00	0.00	0.00	0.00
6	288.03	288.03	0.00	0.00	0.00	0.00	0.00	0.00
7	335.44	335.44	0.00	0.00	0.00	0.00	0.00	0.00
8	312.64	312.64	0.00	0.00	0.00	0.00	0.00	0.00
9	344.30	344.30	0.00	0.00	0.00	0.00	0.00	0.00
10	338.29	338.29	0.00	0.00	0.00	0.00	0.00	0.00
11	362.71	362.71	0.00	0.00	0.00	0.00	0.00	0.00
12	298.20	298.20	0.00	0.00	0.00	0.00	0.00	0.00
13	244.75	244.75	0.00	0.00	0.00	0.00	0.00	0.00
14	301.01	301.01	0.00	0.00	0.00	0.00	0.00	0.00
15	327.91	327.91	0.00	0.00	0.00	0.00	0.00	0.00
16	305.80	305.80	0.00	0.00	0.00	0.00	0.00	0.00
17	304.27	304.27	0.00	0.00	0.00	0.00	0.00	0.00
18	354.35	354.35	0.00	0.00	0.00	0.00	0.00	0.00
19	330.27	330.27	0.00	0.00	0.00	0.00	0.00	0.00
20	363.73	363.73	0.00	0.00	0.00	0.00	0.00	0.00
21	357.38	357.38	0.00	0.00	0.00	0.00	0.00	0.00
22	383.17	383.17	0.00	0.00	0.00	0.00	0.00	0.00
23	341.92	341.92	0.00	0.00	0.00	0.00	0.00	0.00
24	280.63	280.63	0.00	0.00	0.00	0.00	0.00	0.00
25	345.14	345.14	0.00	0.00	0.00	0.00	0.00	0.00
26	375.98	375.98	0.00	0.00	0.00	0.00	0.00	0.00
27	350.64	350.64	0.00	0.00	0.00	0.00	0.00	0.00
28	348.89	348.89	0.00	0.00	0.00	0.00	0.00	0.00
29	406.32	406.32	0.00	0.00	0.00	0.00	0.00	0.00
30	378.71	378.71	0.00	0.00	0.00	0.00	0.00	0.00
31	417.06	417.06	0.00	0.00	0.00	0.00	0.00	0.00
32	409.78	409.78	0.00	0.00	0.00	0.00	0.00	0.00
33	439.35	439.35	0.00	0.00	0.00	0.00	0.00	0.00
34	357.33	357.33	0.00	0.00	0.00	0.00	0.00	0.00
35	293.27	293.27	0.00	0.00	0.00	0.00	0.00	0.00
36	360.70	360.70	0.00	0.00	0.00	0.00	0.00	0.00
37	392.93	392.93	0.00	0.00	0.00	0.00	0.00	0.00
38	366.44	366.44	0.00	0.00	0.00	0.00	0.00	0.00
39	364.62	364.62	0.00	0.00	0.00	0.00	0.00	0.00
40	424.64	424.64	0.00	0.00	0.00	0.00	0.00	0.00
41	395.78	395.78	0.00	0.00	0.00	0.00	0.00	0.00
42	435.87	435.87	0.00	0.00	0.00	0.00	0.00	0.00
43	428.25	428.25	0.00	0.00	0.00	0.00	0.00	0.00

44	459.15	459.15	0.00	0.00	0.00	0.00	0.00	0.00
45	410.63	410.63	0.00	0.00	0.00	0.00	0.00	0.00
46	337.02	337.02	0.00	0.00	0.00	0.00	0.00	0.00
47	414.50	414.50	0.00	0.00	0.00	0.00	0.00	0.00
48	451.55	451.55	0.00	0.00	0.00	0.00	0.00	0.00
49	421.11	421.11	0.00	0.00	0.00	0.00	0.00	0.00
50	419.01	419.01	0.00	0.00	0.00	0.00	0.00	0.00
51	487.97	487.97	0.00	0.00	0.00	0.00	0.00	0.00
52	454.81	454.81	0.00	0.00	0.00	0.00	0.00	0.00
53	500.88	500.88	0.00	0.00	0.00	0.00	0.00	0.00
54	492.14	492.14	0.00	0.00	0.00	0.00	0.00	0.00
55	527.66	527.66	0.00	0.00	0.00	0.00	0.00	0.00
56	425.74	425.74	0.00	0.00	0.00	0.00	0.00	0.00
57	349.43	349.43	0.00	0.00	0.00	0.00	0.00	0.00
58	429.75	429.75	0.00	0.00	0.00	0.00	0.00	0.00
59	468.15	468.15	0.00	0.00	0.00	0.00	0.00	0.00
60	436.60	436.60	0.00	0.00	0.00	0.00	0.00	0.00
61	434.42	434.42	0.00	0.00	0.00	0.00	0.00	0.00
62	505.93	505.93	0.00	0.00	0.00	0.00	0.00	0.00
63	471.54	471.54	0.00	0.00	0.00	0.00	0.00	0.00
64	519.31	519.31	0.00	0.00	0.00	0.00	0.00	0.00
65	510.24	510.24	0.00	0.00	0.00	0.00	0.00	0.00
66	547.06	547.06	0.00	0.00	0.00	0.00	0.00	0.00
67	488.85	488.85	0.00	0.00	0.00	0.00	0.00	0.00
68	401.22	401.22	0.00	0.00	0.00	0.00	0.00	0.00
69	493.45	493.45	0.00	0.00	0.00	0.00	0.00	0.00
70	537.56	537.56	0.00	0.00	0.00	0.00	0.00	0.00
71	501.32	501.32	0.00	0.00	0.00	0.00	0.00	0.00
72	498.82	498.82	0.00	0.00	0.00	0.00	0.00	0.00
73	580.92	580.92	0.00	0.00	0.00	0.00	0.00	0.00
74	541.44	541.44	0.00	0.00	0.00	0.00	0.00	0.00
75	596.29	596.29	0.00	0.00	0.00	0.00	0.00	0.00
76	585.88	585.88	0.00	0.00	0.00	0.00	0.00	0.00
77	628.16	628.16	0.00	0.00	0.00	0.00	0.00	0.00
78	489.40	489.40	0.00	0.00	0.00	0.00	0.00	0.00
79	401.67	401.67	0.00	0.00	0.00	0.00	0.00	0.00
80	494.02	494.02	0.00	0.00	0.00	0.00	0.00	0.00
81	538.16	538.16	0.00	0.00	0.00	0.00	0.00	0.00
82	501.89	501.89	0.00	0.00	0.00	0.00	0.00	0.00
83	499.38	499.38	0.00	0.00	0.00	0.00	0.00	0.00
84	581.58	581.58	0.00	0.00	0.00	0.00	0.00	0.00
85	542.06	542.06	0.00	0.00	0.00	0.00	0.00	0.00
86	596.96	596.96	0.00	0.00	0.00	0.00	0.00	0.00
87	586.54	586.54	0.00	0.00	0.00	0.00	0.00	0.00
88	628.87	628.87	0.00	0.00	0.00	0.00	0.00	0.00
89	232.77	232.77	0.00	0.00	0.00	0.00	0.00	0.00
90	191.04	191.04	0.00	0.00	0.00	0.00	0.00	0.00

91	234.97	234.97	0.00	0.00	0.00	0.00	0.00	0.00
92	255.96	255.96	0.00	0.00	0.00	0.00	0.00	0.00
93	238.70	238.70	0.00	0.00	0.00	0.00	0.00	0.00
94	237.51	237.51	0.00	0.00	0.00	0.00	0.00	0.00
95	276.61	276.61	0.00	0.00	0.00	0.00	0.00	0.00
96	257.81	257.81	0.00	0.00	0.00	0.00	0.00	0.00
97	283.93	283.93	0.00	0.00	0.00	0.00	0.00	0.00
98	278.97	278.97	0.00	0.00	0.00	0.00	0.00	0.00
99	299.10	299.10	0.00	0.00	0.00	0.00	0.00	0.00
100	284.81	284.81	0.00	0.00	0.00	0.00	0.00	0.00
101	233.76	233.76	0.00	0.00	0.00	0.00	0.00	0.00
102	287.50	287.50	0.00	0.00	0.00	0.00	0.00	0.00
103	348.03	348.03	0.00	0.00	0.00	0.00	0.00	0.00
104	324.56	324.56	0.00	0.00	0.00	0.00	0.00	0.00
105	293.77	293.77	0.00	0.00	0.00	0.00	0.00	0.00
106	334.82	334.82	0.00	0.00	0.00	0.00	0.00	0.00
107	312.06	312.06	0.00	0.00	0.00	0.00	0.00	0.00
108	351.17	351.17	0.00	0.00	0.00	0.00	0.00	0.00
109	379.31	379.31	0.00	0.00	0.00	0.00	0.00	0.00
110	406.68	406.68	0.00	0.00	0.00	0.00	0.00	0.00
111	300.88	300.88	0.00	0.00	0.00	0.00	0.00	0.00
112	246.95	246.95	0.00	0.00	0.00	0.00	0.00	0.00
113	303.72	303.72	0.00	0.00	0.00	0.00	0.00	0.00
114	367.66	367.66	0.00	0.00	0.00	0.00	0.00	0.00
115	342.87	342.87	0.00	0.00	0.00	0.00	0.00	0.00
116	310.33	310.33	0.00	0.00	0.00	0.00	0.00	0.00
117	353.70	353.70	0.00	0.00	0.00	0.00	0.00	0.00
118	329.67	329.67	0.00	0.00	0.00	0.00	0.00	0.00
119	370.98	370.98	0.00	0.00	0.00	0.00	0.00	0.00
120	400.71	400.71	0.00	0.00	0.00	0.00	0.00	0.00
121	429.62	429.62	0.00	0.00	0.00	0.00	0.00	0.00
122	345.00	345.00	0.00	0.00	0.00	0.00	0.00	0.00
123	283.16	283.16	0.00	0.00	0.00	0.00	0.00	0.00
124	348.26	348.26	0.00	0.00	0.00	0.00	0.00	0.00
125	421.57	421.57	0.00	0.00	0.00	0.00	0.00	0.00
126	393.15	393.15	0.00	0.00	0.00	0.00	0.00	0.00
127	355.84	355.84	0.00	0.00	0.00	0.00	0.00	0.00
128	405.57	405.57	0.00	0.00	0.00	0.00	0.00	0.00
129	378.00	378.00	0.00	0.00	0.00	0.00	0.00	0.00
130	425.38	425.38	0.00	0.00	0.00	0.00	0.00	0.00
131	459.47	459.47	0.00	0.00	0.00	0.00	0.00	0.00
132	492.62	492.62	0.00	0.00	0.00	0.00	0.00	0.00
133	360.54	360.54	0.00	0.00	0.00	0.00	0.00	0.00
134	295.92	295.92	0.00	0.00	0.00	0.00	0.00	0.00
135	363.94	363.94	0.00	0.00	0.00	0.00	0.00	0.00
136	440.57	440.57	0.00	0.00	0.00	0.00	0.00	0.00
137	410.87	410.87	0.00	0.00	0.00	0.00	0.00	0.00

138	371.88	371.88	0.00	0.00	0.00	0.00	0.00	0.00
139	423.85	423.85	0.00	0.00	0.00	0.00	0.00	0.00
140	395.04	395.04	0.00	0.00	0.00	0.00	0.00	0.00
141	444.55	444.55	0.00	0.00	0.00	0.00	0.00	0.00
142	480.17	480.17	0.00	0.00	0.00	0.00	0.00	0.00
143	514.82	514.82	0.00	0.00	0.00	0.00	0.00	0.00
144	414.33	414.33	0.00	0.00	0.00	0.00	0.00	0.00
145	340.06	340.06	0.00	0.00	0.00	0.00	0.00	0.00
146	418.24	418.24	0.00	0.00	0.00	0.00	0.00	0.00
147	506.29	506.29	0.00	0.00	0.00	0.00	0.00	0.00
148	472.16	472.16	0.00	0.00	0.00	0.00	0.00	0.00
149	427.36	427.36	0.00	0.00	0.00	0.00	0.00	0.00
150	487.08	487.08	0.00	0.00	0.00	0.00	0.00	0.00
151	453.98	453.98	0.00	0.00	0.00	0.00	0.00	0.00
152	510.86	510.86	0.00	0.00	0.00	0.00	0.00	0.00
153	551.80	551.80	0.00	0.00	0.00	0.00	0.00	0.00
154	591.62	591.62	0.00	0.00	0.00	0.00	0.00	0.00
155	429.58	429.58	0.00	0.00	0.00	0.00	0.00	0.00
156	352.57	352.57	0.00	0.00	0.00	0.00	0.00	0.00
157	433.63	433.63	0.00	0.00	0.00	0.00	0.00	0.00
158	524.92	524.92	0.00	0.00	0.00	0.00	0.00	0.00
159	489.53	489.53	0.00	0.00	0.00	0.00	0.00	0.00
160	443.08	443.08	0.00	0.00	0.00	0.00	0.00	0.00
161	505.00	505.00	0.00	0.00	0.00	0.00	0.00	0.00
162	470.68	470.68	0.00	0.00	0.00	0.00	0.00	0.00
163	529.66	529.66	0.00	0.00	0.00	0.00	0.00	0.00
164	572.10	572.10	0.00	0.00	0.00	0.00	0.00	0.00
165	613.39	613.39	0.00	0.00	0.00	0.00	0.00	0.00
166	493.24	493.24	0.00	0.00	0.00	0.00	0.00	0.00
167	404.84	404.84	0.00	0.00	0.00	0.00	0.00	0.00
168	497.90	497.90	0.00	0.00	0.00	0.00	0.00	0.00
169	602.73	602.73	0.00	0.00	0.00	0.00	0.00	0.00
170	562.09	562.09	0.00	0.00	0.00	0.00	0.00	0.00
171	508.76	508.76	0.00	0.00	0.00	0.00	0.00	0.00
172	579.86	579.86	0.00	0.00	0.00	0.00	0.00	0.00
173	540.45	540.45	0.00	0.00	0.00	0.00	0.00	0.00
174	608.17	608.17	0.00	0.00	0.00	0.00	0.00	0.00
175	656.91	656.91	0.00	0.00	0.00	0.00	0.00	0.00
176	704.31	704.31	0.00	0.00	0.00	0.00	0.00	0.00
177	493.81	493.81	0.00	0.00	0.00	0.00	0.00	0.00
178	405.30	405.30	0.00	0.00	0.00	0.00	0.00	0.00
179	498.46	498.46	0.00	0.00	0.00	0.00	0.00	0.00
180	603.41	603.41	0.00	0.00	0.00	0.00	0.00	0.00
181	562.74	562.74	0.00	0.00	0.00	0.00	0.00	0.00
182	509.34	509.34	0.00	0.00	0.00	0.00	0.00	0.00
183	580.51	580.51	0.00	0.00	0.00	0.00	0.00	0.00
184	541.06	541.06	0.00	0.00	0.00	0.00	0.00	0.00

185	608.86	608.86	0.00	0.00	0.00	0.00	0.00	0.00
186	657.65	657.65	0.00	0.00	0.00	0.00	0.00	0.00
187	705.11	705.11	0.00	0.00	0.00	0.00	0.00	0.00
188	234.86	234.86	0.00	0.00	0.00	0.00	0.00	0.00
189	192.77	192.77	0.00	0.00	0.00	0.00	0.00	0.00
190	237.08	237.08	0.00	0.00	0.00	0.00	0.00	0.00
191	286.99	286.99	0.00	0.00	0.00	0.00	0.00	0.00
192	267.64	267.64	0.00	0.00	0.00	0.00	0.00	0.00
193	242.25	242.25	0.00	0.00	0.00	0.00	0.00	0.00
194	276.10	276.10	0.00	0.00	0.00	0.00	0.00	0.00
195	257.33	257.33	0.00	0.00	0.00	0.00	0.00	0.00
196	289.59	289.59	0.00	0.00	0.00	0.00	0.00	0.00
197	312.79	312.79	0.00	0.00	0.00	0.00	0.00	0.00
198	335.36	335.36	0.00	0.00	0.00	0.00	0.00	0.00

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[illegible]

Grand Total[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

CO - 40 Year Old Non-smoker

Sum of Primary		Metal Tier Low/High			
		Bronze		Silver	
Rating Area	Network	Low	High	Low	High
1	ASA	282.27	298.20	341.92	357.33
	GWH	284.81	300.88	345.00	360.54
2	ASA	231.67	244.75	280.63	293.27
	GWH	233.76	246.95	283.16	295.92
3	ASA	284.93	301.01	345.14	360.70
	GWH	287.50	303.72	348.26	363.94
4	ASA	310.39	327.91	375.98	392.93
	GWH	348.03	367.66	421.57	440.57
5	ASA	289.47	305.80	350.64	366.44
	GWH	324.56	342.87	393.15	410.87
6	ASA	288.03	304.27	348.89	364.62
	GWH	293.77	310.33	355.84	371.88
7	ASA	335.44	354.35	406.32	424.64
	GWH	334.82	353.70	405.57	423.85
8	ASA	312.64	330.27	378.71	395.78
	GWH	312.06	329.67	378.00	395.04
9	ASA	344.30	363.73	417.06	435.87
	GWH	351.17	370.98	425.38	444.55
10	ASA	338.29	357.38	409.78	428.25
	GWH	379.31	400.71	459.47	480.17
11	ASA	362.71	383.17	439.35	459.15
	GWH	406.68	429.62	492.62	514.82

Gold		Platinum		Catastrophic
Low	High	Low	High	Only One Catastrophic Plan
410.63	425.74	488.85	489.40	232.77
414.33	429.58	493.24	493.81	234.86
337.02	349.43	401.22	401.67	191.04
340.06	352.57	404.84	405.30	192.77
414.50	429.75	493.45	494.02	234.97
418.24	433.63	497.90	498.46	237.08
451.55	468.15	537.56	538.16	255.96
506.29	524.92	602.73	603.41	286.99
421.11	436.60	501.32	501.89	238.70
472.16	489.53	562.09	562.74	267.64
419.01	434.42	498.82	499.38	237.51
427.36	443.08	508.76	509.34	242.25
487.97	505.93	580.92	581.58	276.61
487.08	505.00	579.86	580.51	276.10
454.81	471.54	541.44	542.06	257.81
453.98	470.68	540.45	541.06	257.33
500.88	519.31	596.29	596.96	283.93
510.86	529.66	608.17	608.86	289.59
492.14	510.24	585.88	586.54	278.97
551.80	572.10	656.91	657.65	312.79
527.66	547.06	628.16	628.87	299.10
591.62	613.39	704.31	705.11	335.36

CO - 40 Year Old Non-smoker

<u>Rating Area</u>	<u>Plan</u>	<u>Network</u>	<u>Primary</u>	<u>Low/High</u>
1	1-Ded Bronze 1	ASA	282.27	Low
2	1-Ded Bronze 1	ASA	231.67	Low
3	1-Ded Bronze 1	ASA	284.93	Low
4	1-Ded Bronze 1	ASA	310.39	Low
5	1-Ded Bronze 1	ASA	289.47	Low
6	1-Ded Bronze 1	ASA	288.03	Low
7	1-Ded Bronze 1	ASA	335.44	Low
8	1-Ded Bronze 1	ASA	312.64	Low
9	1-Ded Bronze 1	ASA	344.3	Low
10	1-Ded Bronze 1	ASA	338.29	Low
11	1-Ded Bronze 1	ASA	362.71	Low
1	Non 1-Ded Bronze 5	ASA	298.2	High
2	Non 1-Ded Bronze 5	ASA	244.75	High
3	Non 1-Ded Bronze 5	ASA	301.01	High
4	Non 1-Ded Bronze 5	ASA	327.91	High
5	Non 1-Ded Bronze 5	ASA	305.8	High
6	Non 1-Ded Bronze 5	ASA	304.27	High
7	Non 1-Ded Bronze 5	ASA	354.35	High
8	Non 1-Ded Bronze 5	ASA	330.27	High
9	Non 1-Ded Bronze 5	ASA	363.73	High
10	Non 1-Ded Bronze 5	ASA	357.38	High
11	Non 1-Ded Bronze 5	ASA	383.17	High
1	Non 1-Ded Silver 1	ASA	341.92	Low
2	Non 1-Ded Silver 1	ASA	280.63	Low
3	Non 1-Ded Silver 1	ASA	345.14	Low
4	Non 1-Ded Silver 1	ASA	375.98	Low
5	Non 1-Ded Silver 1	ASA	350.64	Low
6	Non 1-Ded Silver 1	ASA	348.89	Low
7	Non 1-Ded Silver 1	ASA	406.32	Low
8	Non 1-Ded Silver 1	ASA	378.71	Low
9	Non 1-Ded Silver 1	ASA	417.06	Low
10	Non 1-Ded Silver 1	ASA	409.78	Low
11	Non 1-Ded Silver 1	ASA	439.35	Low
1	Non 1-Ded Silver 4	ASA	357.33	High
2	Non 1-Ded Silver 4	ASA	293.27	High
3	Non 1-Ded Silver 4	ASA	360.7	High
4	Non 1-Ded Silver 4	ASA	392.93	High
5	Non 1-Ded Silver 4	ASA	366.44	High
6	Non 1-Ded Silver 4	ASA	364.62	High
7	Non 1-Ded Silver 4	ASA	424.64	High
8	Non 1-Ded Silver 4	ASA	395.78	High
9	Non 1-Ded Silver 4	ASA	435.87	High
10	Non 1-Ded Silver 4	ASA	428.25	High

11	Non 1-Ded Silver 4	ASA	459.15	High
1	Non 1-Ded Gold 1	ASA	410.63	Low
2	Non 1-Ded Gold 1	ASA	337.02	Low
3	Non 1-Ded Gold 1	ASA	414.5	Low
4	Non 1-Ded Gold 1	ASA	451.55	Low
5	Non 1-Ded Gold 1	ASA	421.11	Low
6	Non 1-Ded Gold 1	ASA	419.01	Low
7	Non 1-Ded Gold 1	ASA	487.97	Low
8	Non 1-Ded Gold 1	ASA	454.81	Low
9	Non 1-Ded Gold 1	ASA	500.88	Low
10	Non 1-Ded Gold 1	ASA	492.14	Low
11	Non 1-Ded Gold 1	ASA	527.66	Low
1	Non 1-Ded Gold 2	ASA	425.74	High
2	Non 1-Ded Gold 2	ASA	349.43	High
3	Non 1-Ded Gold 2	ASA	429.75	High
4	Non 1-Ded Gold 2	ASA	468.15	High
5	Non 1-Ded Gold 2	ASA	436.6	High
6	Non 1-Ded Gold 2	ASA	434.42	High
7	Non 1-Ded Gold 2	ASA	505.93	High
8	Non 1-Ded Gold 2	ASA	471.54	High
9	Non 1-Ded Gold 2	ASA	519.31	High
10	Non 1-Ded Gold 2	ASA	510.24	High
11	Non 1-Ded Gold 2	ASA	547.06	High
1	Non 1-Ded Platinum 2	ASA	488.85	Low
2	Non 1-Ded Platinum 2	ASA	401.22	Low
3	Non 1-Ded Platinum 2	ASA	493.45	Low
4	Non 1-Ded Platinum 2	ASA	537.56	Low
5	Non 1-Ded Platinum 2	ASA	501.32	Low
6	Non 1-Ded Platinum 2	ASA	498.82	Low
7	Non 1-Ded Platinum 2	ASA	580.92	Low
8	Non 1-Ded Platinum 2	ASA	541.44	Low
9	Non 1-Ded Platinum 2	ASA	596.29	Low
10	Non 1-Ded Platinum 2	ASA	585.88	Low
11	Non 1-Ded Platinum 2	ASA	628.16	Low
1	Non 1-Ded Platinum 1	ASA	489.4	High
2	Non 1-Ded Platinum 1	ASA	401.67	High
3	Non 1-Ded Platinum 1	ASA	494.02	High
4	Non 1-Ded Platinum 1	ASA	538.16	High
5	Non 1-Ded Platinum 1	ASA	501.89	High
6	Non 1-Ded Platinum 1	ASA	499.38	High
7	Non 1-Ded Platinum 1	ASA	581.58	High
8	Non 1-Ded Platinum 1	ASA	542.06	High
9	Non 1-Ded Platinum 1	ASA	596.96	High
10	Non 1-Ded Platinum 1	ASA	586.54	High
11	Non 1-Ded Platinum 1	ASA	628.87	High
1	Non 1-Ded Catastrophic 1	ASA	232.77	Only One Catastrophic Plan
2	Non 1-Ded Catastrophic 1	ASA	191.04	Only One Catastrophic Plan

3	Non 1-Ded Catastrophic 1	ASA	234.97	Only One Catastrophic Plan
4	Non 1-Ded Catastrophic 1	ASA	255.96	Only One Catastrophic Plan
5	Non 1-Ded Catastrophic 1	ASA	238.7	Only One Catastrophic Plan
6	Non 1-Ded Catastrophic 1	ASA	237.51	Only One Catastrophic Plan
7	Non 1-Ded Catastrophic 1	ASA	276.61	Only One Catastrophic Plan
8	Non 1-Ded Catastrophic 1	ASA	257.81	Only One Catastrophic Plan
9	Non 1-Ded Catastrophic 1	ASA	283.93	Only One Catastrophic Plan
10	Non 1-Ded Catastrophic 1	ASA	278.97	Only One Catastrophic Plan
11	Non 1-Ded Catastrophic 1	ASA	299.1	Only One Catastrophic Plan
1	1-Ded Bronze 1	GWH	284.81	Low
2	1-Ded Bronze 1	GWH	233.76	Low
3	1-Ded Bronze 1	GWH	287.5	Low
4	1-Ded Bronze 1	GWH	348.03	Low
5	1-Ded Bronze 1	GWH	324.56	Low
6	1-Ded Bronze 1	GWH	293.77	Low
7	1-Ded Bronze 1	GWH	334.82	Low
8	1-Ded Bronze 1	GWH	312.06	Low
9	1-Ded Bronze 1	GWH	351.17	Low
10	1-Ded Bronze 1	GWH	379.31	Low
11	1-Ded Bronze 1	GWH	406.68	Low
1	Non 1-Ded Bronze 5	GWH	300.88	High
2	Non 1-Ded Bronze 5	GWH	246.95	High
3	Non 1-Ded Bronze 5	GWH	303.72	High
4	Non 1-Ded Bronze 5	GWH	367.66	High
5	Non 1-Ded Bronze 5	GWH	342.87	High
6	Non 1-Ded Bronze 5	GWH	310.33	High
7	Non 1-Ded Bronze 5	GWH	353.7	High
8	Non 1-Ded Bronze 5	GWH	329.67	High
9	Non 1-Ded Bronze 5	GWH	370.98	High
10	Non 1-Ded Bronze 5	GWH	400.71	High
11	Non 1-Ded Bronze 5	GWH	429.62	High
1	Non 1-Ded Silver 1	GWH	345	Low
2	Non 1-Ded Silver 1	GWH	283.16	Low
3	Non 1-Ded Silver 1	GWH	348.26	Low
4	Non 1-Ded Silver 1	GWH	421.57	Low
5	Non 1-Ded Silver 1	GWH	393.15	Low
6	Non 1-Ded Silver 1	GWH	355.84	Low
7	Non 1-Ded Silver 1	GWH	405.57	Low
8	Non 1-Ded Silver 1	GWH	378	Low
9	Non 1-Ded Silver 1	GWH	425.38	Low
10	Non 1-Ded Silver 1	GWH	459.47	Low
11	Non 1-Ded Silver 1	GWH	492.62	Low
1	Non 1-Ded Silver 4	GWH	360.54	High
2	Non 1-Ded Silver 4	GWH	295.92	High
3	Non 1-Ded Silver 4	GWH	363.94	High
4	Non 1-Ded Silver 4	GWH	440.57	High
5	Non 1-Ded Silver 4	GWH	410.87	High

6	Non 1-Ded Silver 4	GWH	371.88	High
7	Non 1-Ded Silver 4	GWH	423.85	High
8	Non 1-Ded Silver 4	GWH	395.04	High
9	Non 1-Ded Silver 4	GWH	444.55	High
10	Non 1-Ded Silver 4	GWH	480.17	High
11	Non 1-Ded Silver 4	GWH	514.82	High
1	Non 1-Ded Gold 1	GWH	414.33	Low
2	Non 1-Ded Gold 1	GWH	340.06	Low
3	Non 1-Ded Gold 1	GWH	418.24	Low
4	Non 1-Ded Gold 1	GWH	506.29	Low
5	Non 1-Ded Gold 1	GWH	472.16	Low
6	Non 1-Ded Gold 1	GWH	427.36	Low
7	Non 1-Ded Gold 1	GWH	487.08	Low
8	Non 1-Ded Gold 1	GWH	453.98	Low
9	Non 1-Ded Gold 1	GWH	510.86	Low
10	Non 1-Ded Gold 1	GWH	551.8	Low
11	Non 1-Ded Gold 1	GWH	591.62	Low
1	Non 1-Ded Gold 2	GWH	429.58	High
2	Non 1-Ded Gold 2	GWH	352.57	High
3	Non 1-Ded Gold 2	GWH	433.63	High
4	Non 1-Ded Gold 2	GWH	524.92	High
5	Non 1-Ded Gold 2	GWH	489.53	High
6	Non 1-Ded Gold 2	GWH	443.08	High
7	Non 1-Ded Gold 2	GWH	505	High
8	Non 1-Ded Gold 2	GWH	470.68	High
9	Non 1-Ded Gold 2	GWH	529.66	High
10	Non 1-Ded Gold 2	GWH	572.1	High
11	Non 1-Ded Gold 2	GWH	613.39	High
1	Non 1-Ded Platinum 2	GWH	493.24	Low
2	Non 1-Ded Platinum 2	GWH	404.84	Low
3	Non 1-Ded Platinum 2	GWH	497.9	Low
4	Non 1-Ded Platinum 2	GWH	602.73	Low
5	Non 1-Ded Platinum 2	GWH	562.09	Low
6	Non 1-Ded Platinum 2	GWH	508.76	Low
7	Non 1-Ded Platinum 2	GWH	579.86	Low
8	Non 1-Ded Platinum 2	GWH	540.45	Low
9	Non 1-Ded Platinum 2	GWH	608.17	Low
10	Non 1-Ded Platinum 2	GWH	656.91	Low
11	Non 1-Ded Platinum 2	GWH	704.31	Low
1	Non 1-Ded Platinum 1	GWH	493.81	High
2	Non 1-Ded Platinum 1	GWH	405.3	High
3	Non 1-Ded Platinum 1	GWH	498.46	High
4	Non 1-Ded Platinum 1	GWH	603.41	High
5	Non 1-Ded Platinum 1	GWH	562.74	High
6	Non 1-Ded Platinum 1	GWH	509.34	High
7	Non 1-Ded Platinum 1	GWH	580.51	High
8	Non 1-Ded Platinum 1	GWH	541.06	High

9	Non 1-Ded Platinum 1	GWH	608.86	High
10	Non 1-Ded Platinum 1	GWH	657.65	High
11	Non 1-Ded Platinum 1	GWH	705.11	High
1	Non 1-Ded Catastrophic 1	GWH	234.86	Only One Catastrophic Plan
2	Non 1-Ded Catastrophic 1	GWH	192.77	Only One Catastrophic Plan
3	Non 1-Ded Catastrophic 1	GWH	237.08	Only One Catastrophic Plan
4	Non 1-Ded Catastrophic 1	GWH	286.99	Only One Catastrophic Plan
5	Non 1-Ded Catastrophic 1	GWH	267.64	Only One Catastrophic Plan
6	Non 1-Ded Catastrophic 1	GWH	242.25	Only One Catastrophic Plan
7	Non 1-Ded Catastrophic 1	GWH	276.1	Only One Catastrophic Plan
8	Non 1-Ded Catastrophic 1	GWH	257.33	Only One Catastrophic Plan
9	Non 1-Ded Catastrophic 1	GWH	289.59	Only One Catastrophic Plan
10	Non 1-Ded Catastrophic 1	GWH	312.79	Only One Catastrophic Plan
11	Non 1-Ded Catastrophic 1	GWH	335.36	Only One Catastrophic Plan

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**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
RATE SAMPLE**

40 Year Old Non-Smoker

Rating Area	Network	Bronze		Silver		Gold		Platinum		Catastrophic
		Low	High	Low	High	Low	High	Low	High	Only One Catastrophic Plan
1	ASA	282.27	298.20	341.92	357.33	410.63	425.74	488.85	489.40	232.77
	GWH	284.81	300.88	345.00	360.54	414.33	429.58	493.24	493.81	234.86
2	ASA	231.67	244.75	280.63	293.27	337.02	349.43	401.22	401.67	191.04
	GWH	233.76	246.95	283.16	295.92	340.06	352.57	404.84	405.30	192.77
3	ASA	284.93	301.01	345.14	360.70	414.50	429.75	493.45	494.02	234.97
	GWH	287.50	303.72	348.26	363.94	418.24	433.63	497.90	498.46	237.08
4	ASA	310.39	327.91	375.98	392.93	451.55	468.15	537.56	538.16	255.96
	GWH	348.03	367.66	421.57	440.57	506.29	524.92	602.73	603.41	286.99
5	ASA	289.47	305.80	350.64	366.44	421.11	436.60	501.32	501.89	238.70
	GWH	324.56	342.87	393.15	410.87	472.16	489.53	562.09	562.74	267.64
6	ASA	288.03	304.27	348.89	364.62	419.01	434.42	498.82	499.38	237.51
	GWH	293.77	310.33	355.84	371.88	427.36	443.08	508.76	509.34	242.25
7	ASA	335.44	354.35	406.32	424.64	487.97	505.93	580.92	581.58	276.61
	GWH	334.82	353.70	405.57	423.85	487.08	505.00	579.86	580.51	276.10
8	ASA	312.64	330.27	378.71	395.78	454.81	471.54	541.44	542.06	257.81
	GWH	312.06	329.67	378.00	395.04	453.98	470.68	540.45	541.06	257.33
9	ASA	344.30	363.73	417.06	435.87	500.88	519.31	596.29	596.96	283.93
	GWH	351.17	370.98	425.38	444.55	510.86	529.66	608.17	608.86	289.59
10	ASA	338.29	357.38	409.78	428.25	492.14	510.24	585.88	586.54	278.97
	GWH	379.31	400.71	459.47	480.17	551.80	572.10	656.91	657.65	312.79
11	ASA	362.71	383.17	439.35	459.15	527.66	547.06	628.16	628.87	299.10
	GWH	406.68	429.62	492.62	514.82	591.62	613.39	704.31	705.11	335.36

ACTUARIAL MEMORANDUM and CERTIFICATION
for
TIME INSURANCE COMPANY
in
Colorado
on
Form TIM14.POL.CO

The purpose of this rate filing is to bring rates into compliance with the 2014 Affordable Care Act (ACA) requirements and to demonstrate the reasonableness of benefits in relationship to premiums. This rate filing is not intended for other purposes.

Assurant Health is the marketing name of the legal entities Time Insurance Company and John Alden Life Insurance Company. Assurant Health will administer, issue, and insure this block. These legal entities offer identical products with the same rates, administrative systems, and processes.

1. General Information:

- | | |
|--|--|
| a. Insurance Company Name | Time Insurance Company |
| b. State | Colorado |
| c. HIOS Issuer ID | 39060 |
| d. Market | Individual Major Medical |
| e. Effective Dates | January 1, 2014 – December 31, 2014 |
| | |
| f. Primary Contact Name | Beth Schmitz |
| g. Primary Contact Phone # | 414-299-8659 |
| h. Primary Contact E-mail Address | Beth.Schmitz@Assurant.com |
| | |
| i. General Policy Description: | |
| This rate filing is for non-grandfathered individual major medical plans which cover the Essential Health Benefits (EHB) as required under the Affordable Care Act (ACA). These plans are guaranteed issue and guaranteed renewable as defined under the ACA and HIPAA. Plans are marketed through general agencies, brokers, wholesale arrangements, and direct-to-consumer. In 2014, Assurant Health will only sell plans outside of the public health exchanges in this state. Coverage beyond age 65 will be secondary to Medicare. Premiums are on an attained age basis and will increase with age. Premiums also vary by plan design, tobacco status and geographic area. In 2014, only the oldest three dependents under age 21 will be charged a premium rate for a given policy. | |

2. Proposed Rate Increase:

This is a new product filing. Effective 1/1/2014, Assurant Health will offer a new portfolio of plans in the Individual Market. Existing non-grandfathered customers will be

discontinued from their current contract and moved to this new contract upon their plan year beginning on or after 1/1/2014. Appendix A shows the development of base rates for this new product. The remaining sections of the memorandum detail the assumptions we used to develop rates.

Please note that our rating methodology differs from that outlined in the Unified Rate Review Template. Rather, the Unified Rate Review Template represents information required by Federal Regulation. The following sections note any differences between the Unified Rate Review Template and the pricing methodology we used to develop rates.

3. Experience Period Premium and Claims

We prepared the Unified Rate Review Template using state and legal entity specific non-grandfathered experience in order to comply with Department of Health and Human Services (HHS) requirements. For the purpose of estimating the average risk of the 2014 market, grandfathered and non-grandfathered experience of Time Insurance Company and John Alden Life Insurance Company was reviewed together. This combined experience was used in order to develop an actuarially appropriate prediction of the market wide per member per month risk and standardized claim cost in 2014. The same experience basis is used for both the pricing methodology and the development of factors that will address the impact of the Risk Adjustment program on premium rates. This process is described in more detail below.

Experience Period: The experience period is claims incurred and premium earned from January 1, 2012 through December 31, 2012.

Paid Through Date: The date through which payments have been made on claims incurred during the experience period is February 28, 2013.

Premiums (Net of MLR Rebate) in Experience Period: In the Unified Rate Review Template, the earned premium prior to Medical Loss Ratio (MLR) rebates for the Calendar Year 2012 experience period was \$29,675,830. Earned premium was not adjusted for any reductions prescribed when calculating the MLR, such as taxes and assessments. The MLR rebates for the experience period are estimated at \$0.

The financial actuarial team estimates accrued premium refunds required under Federal Minimum Loss Ratio regulations for the Individual Medical and Group Medical insurance business. The team projects incurred claims, earned premiums, and other elements and applies adjustments as outlined in Federal laws and regulations. These projections are performed on a state and market level basis and recent claims experience is adjusted for estimated claims reserves on a state level basis.

Allowed and Incurred Claims During the Experience Period: In the Unified Rate Review Template, the amount of incurred claims processed through our claim system for

the experience period 2012 is \$20,934,361. The best estimate of experience period claims incurred but not reported is \$701,783. The amount of allowed claims processed through our claim system for the experience period 2012 is \$38,155,819. The best estimate of experience period allowed claims incurred but not paid as of the paid through date shown above is \$17,221,457. Allowed claims are developed by subtracting ineligible charges and discounts from the total provider billed amount. Assurant Health has no capitation agreements.

The per member per month experience period allowed claims in our pricing methodology is based upon all Individual Medical experience within the state for Assurant Health. The methodology is demonstrated in Appendix A. Experience for limited benefit plans was not included. Furthermore, an adjustment was made in order to pool large claims across our block. Claims in excess of \$50,000 for a specific member and incurred month were removed from the experience, and then a nationwide average pooling charge was applied per member. All pricing components, including the base experience period data, are applied consistently across the single risk pool in the state and market for 2014.

Our financial actuarial team develops lag triangles for nationwide Individual Medical experience. These triangles are separately developed for Medical and Prescription Drug Card coverage. Specific large claims that are part of our case management program are removed from the Medical triangles and reserved for separately. Historical averages are used in order to calculate monthly completion factors for the remaining claims.

4. Benefit Categories

Inpatient services are those received during a patient's hospital stay and are included in the Inpatient Hospital Category. Outpatient services (e.g. lab tests, X-rays, and some surgical services) are those rendered by a facility within an outpatient setting. Professional services include primary care, specialist, therapy and other professional charges that are not included in facility fees. Other Medical services include charges for items that do not fall into the categories above, such as ambulance and durable medical equipment. The Other category is measured based upon distinct services or items provided. Retail and mail order pharmacy claims are included in the Prescription Drug category.

5. Projection Factors

Changes in the Morbidity of the Insured Population: The ACA will cause significant changes in average risk of the population insured in the Individual Market (IM). Some drivers of the population change will be guaranteed issue, the individual mandate, underwriting and rating changes and the availability of premium subsidies for lower income consumers. In addition, average morbidity will increase in 2014 because issuers are no longer allowed to exclude coverage for pre-existing conditions.

The 2014 Individual Market will encompass many distinct groups, including:

1. Individuals currently insured within the IM market. We expect some low cost individuals will choose to forgo coverage, because of expected rate increases that result from the compression or removal of allowed rating variation for demographic and health status characteristics. This is expected to increase the average cost in 2014.
2. The uninsured entering the Individual Market. In the first year, it is expected that new enrollees will either be subsidy eligible or the less healthy. We expect some of the healthy uninsured to delay coverage until the mandate becomes more punitive.
3. Employees who lose group coverage if employers opt to direct them to the IM exchange. This is more likely if the group employs low income individuals who will become eligible for a premium subsidy in 2014. We expect that this scenario is furthermore more likely in the small, rather than large, group market. Today's group market is less healthy than the IM market, so this migration is expected to increase the average cost of the IM population.
4. Individuals currently covered through the state/federal high risk pools and the conversion (or HIPAA) markets. To the extent these high risk individuals enter the IM market, it will increase the average cost of the insured population.

We have reviewed various scenarios and have determined a final estimate is that the morbidity of the insured population in Colorado will increase by 30%. We utilized the data within the "Cost of the Future Newly Insured under the Affordable Care Act (ACA)" study prepared by Optum Health and commissioned by the Society of Actuaries in order to assess possible scenarios and develop our assumption. In addition, we compared our estimates against various industry studies in order to validate the reasonableness of our results. We made the following key assumptions in our final cost increase estimate:

1. Medicaid will expand to cover low income individuals in Colorado.
2. The state high risk pool will terminate existing individuals in 2014.
3. There will be some portion of the currently uninsured population that will be slow to adopt the exchange purchasing process in 2014. In particular, there is a significant risk that healthy individuals that have only a small portion of their premium subsidized will make the decision to forgo insurance in 2014.

In addition to the expected change in the average risk of the insured population, we anticipate that there will be an increase in utilization relative to our experience period due to the pent up demand of the newly insured. When consumers are uninsured or underinsured, they may opt to delay healthcare services. Historically, approximately 30% of our sales have been to customers who did not previously have health insurance. These previously uninsured customers have claim experience that is significantly worse than those with prior coverage. This experience discrepancy is most pronounced in the first 6 months of coverage, when the experience relativity between these two cohorts is up to 20% higher than the ultimate relativity. We expect that the mandate to purchase insurance may temper the pent up demand of the newly insured entering the market in 2014. Therefore, the 2014 utilization on newly insured individuals will not have as large of a spike as our historical experience. Our assumption is that an additional 10% of our block will be newly insured individuals, with 10% higher than typical utilization in the first 6 months of coverage. This leads to an adjustment of 0.5% within our pricing and claim projection.

Changes in Benefits: There is an adjustment of 3.5% within our pricing and claim projection to include new and expanded benefits in accordance with the EHB requirements of the ACA. The table below lists the estimated additional cost associated with each new benefit. The Pediatric Dental expense was estimated using commercial group experience for 2011 and 2012 from our sister segment, Assurant Employee Benefits. The remaining estimates are based upon purchased data of experience of a standard population.

Benefit	Estimated Additional Cost
Mental Health and Substance Abuse	1.2%
Pediatric Vision	0.4%
Private Duty Nursing	0.3%
Pediatric Dental	1.6%
GRAND TOTAL	3.5%

In addition, it is expected that the average actuarial value of our block will increase from approximately 60% to approximately 65% after the change to standardized Bronze, Silver, Gold and Platinum metallic plans. Furthermore, approximately 30% of business within our experience data is on a plan that has an actuarial value of 55% or less. We expect that richer benefits in 2014 will induce demand for healthcare services that is higher than the average utilization within our base experience. We assume that future Silver plans will have utilization that is 3% higher than our average current experience, Gold will be 8% higher, and Platinum will be 15% higher. Based upon our expected split of plans by metal level, we have adjusted our experience period claims by 1.6% in order to account for this benefit level driven increase in utilization.

Other Adjustments: We made an adjustment of 0.1% within our pricing and claim projection in order to account for expected worsening in Preferred Provider Organization (PPO) discounts in 2014 relative to the 2012 experience period. Our expected PPO discounts are developed by using a combination of experience and reported data from the networks that we lease.

Trend Factors (cost/utilization): The effects on future claims of inflation, advancing medical technology and techniques, and increased utilization and cost shifting are accounted for by an annual secular trend assumption of 10.5%. This is an allowed claims trend factor. This trend was developed from historical experience of our nationwide block. Please see Appendix B for further detail. Experience was trended for 24 months, from the mid-point of 2012 to the mid-point of 2014.

6. Credibility Manual Rate Development

The manual rate reflects the Assurant Health Individual Medical 2012 nationwide allowed claims per member per month (pmpm). This allowed pmpm value has been adjusted to

address the following needs:

1. Adjust the nationwide claims to reflect the Assurant Health distribution by age and tobacco use in Colorado.
2. Remove the impact of claims experience from Colorado (to avoid double counting this experience in the rate development).
3. Adjust to reflect the specific utilization and charge level patterns of Colorado.

External data, in conjunction with claims experience from 2011, is used to determine the Colorado to nationwide expected cost relativity. In order to determine this relativity for 2011, regression analysis is used holding age, gender, and smoking status constant. If 2011 experience in Colorado is not fully credible, the state relative cost factor is blended with a state relative cost factor developed using Truven Analytics MarketScan® 2011 database. Controlling for age and gender, regression analysis on the Truven database produced the state to nationwide allowed cost relativity. The 2011 and Truven blended relativity factor is referred to as the manual state factor.

A regression based on nationwide 2012 allowed claims experience was used to smooth allowed claim levels by age, gender, and smoking status. From this regression, predicted allowed claims were calculated at each age and smoking status combination. These allowed pmpm claim levels are applied to the Colorado distribution of membership by age, gender, and smoking status and summed. In addition, an adjustment is applied to remove the influence Colorado claims have on the nationwide average claims.

The manual state factor is multiplied by adjusted 2012 national claim levels as described in the previous paragraph to calculate the manual pmpm allowed claims in the state. The manual rate is blended with the base period rate as described in the credibility section below.

The manual rate was adjusted to the 2014 pricing period using the projection factors listed in the section above.

7. Credibility of Experience

The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

Based upon Colorado credibility methodology, our Colorado pooled experience as used within pricing is 100% credible. The unpooled base experience as used in the Unified Rate Review Template is also 100% credible.

8. Paid to Allowed Ratio

Our projected Paid to Allowed Ratio is .647.

The Actuarial Value (AV) Calculator provided by HHS produces values that are very close to our historical paid to allowed ratios on an aggregate basis. Therefore, we determined it was reasonable to use the HHS AV calculator to develop estimates of the paid to allowed ratio of our 2014 insured population. Moreover, in order to develop the projected Paid to Allowed Ratio, we estimated the AV for each of our current customers. We then assumed that any customer with a current plan with an AV of less than 65% will choose a Bronze plan in 2014. Furthermore, we assumed that customers that currently have a plan with an AV between 65% and 75% will choose a Silver plan; customers between 75% and 85% will choose a Gold plan; the remaining customers will choose a Platinum plan.

9. Risk Adjustment and Reinsurance

Risk Adjustment: In 2014, the ACA establishes a Risk Adjustment Program that will allow issuers to set premiums according to the average actuarial risk in the individual and small group market without respect to the type of risk selection the issuer would otherwise expect. The ACA establishes a standard quantification of risk with the HCC-HHS risk scoring model. In order to set premiums according to the average risk, Assurant Health must estimate our risk relative to the state average individual major medical risk.

To establish this estimate, Assurant Health participated in the Wakely National Risk Adjustment Simulation Project (WNRASP). In this project the Wakely Consulting Group quantified risk using the HCC-HHS model that Health and Human Services (HHS) developed for implementation in 2014. Wakely conducted risk simulations in individual and small group markets only when 75%+ of the state wide membership was represented. Health plans covering these members used claim experience to determine plan liability risk scores consistent with the HCC-HHS methodology. Health plan specific liability risk scores along with allowable rating factors are compared to the scores of all market participants consistent with the methodology set forth in the Risk Adjustment Program.

The WNRASP results provided to Assurant Health quantify the difference in the risk of the Assurant Health book of business relative to the state and market average risk. The state result is adjusted to the extent that base period data was less than 100% credible, in order to be on a consistent basis with the index rate for the state. The final result for use in our pricing methodology was a 0.94 risk score. This indicates that Assurant Health business practices (e.g. distribution methods and underwriting) and member selection patterns have created a book of experience with 6% lower costs. Our pricing was adjusted by a factor of $1.0/0.94$ to represent the average actuarial risk, as shown in Appendix A. This multiplicative adjustment is consistently applied across all plans within the state.

Reinsurance Recoveries: In 2014, the ACA has a Reinsurance Program that will reimburse carriers 80% of claim costs between \$60,000 and \$250,000 per member. We have made a negative 15.0% adjustment to our expected claim costs within our pricing in order to account for expected reinsurance recoveries. This adjustment is consistently applied across all plans within the state. Our reinsurance recovery assumption was developed using Truven Health MarketScan® Research Databases that is representative of a standard population and with coverage similar to the ACA EHB package. The exposure and claim data was limited to

members that had complete data and were on a non-capitated basis. In addition, the claim data for each member was trended to 2014 and a utilization adjustment was made to scale claims to the appropriate cost sharing level. The reinsurance formula was applied by member, and the result was divided by total paid claims on the same adjusted basis. This process was done to estimate a reinsurance recovery factor for each plan metal level. The final composite factor above was developed based upon our expected mix of Bronze, Silver, Gold and Platinum business.

Reinsurance Contributions: The Reinsurance Program is funded by a fee of \$5.25 per member per month. We have increased our expected claim costs within our pricing development by 2.0% in order to cover this fee. In order to maintain compliance with the required relativity of prices by age, we have applied the adjustment on a multiplicative basis. Our adjustment factor was developed by dividing \$5.25 by the expected total per member per month claim costs in the state.

10. Non-Benefit Expenses and Profit & Risk

The table below lists the expected Non-Benefit Expenses and Target Profit for Assurant Health in Colorado. The pricing load to cover these expenses is applied consistently across products and plans. These items are discussed in detail in the following paragraphs.

Expense Category	% of Premium
General and Administrative	11.0%
Commissions and Sales Bonus	6.5%
Managed Care and Cost Containment	3.0%
Quality Improvement	0.5%
Net Investment Income	-2.5%
Taxes, Fees and State Assessments	3.5%
ACA Health Insurer Fee	1.5%
Federal Income Taxes	3.0%
Profit and Risk Margin (After Tax)	3.0%
Total	29.5%
Total Used in Pricing	27.0%

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the ACA. The calculation of the Medical Loss Ratio is shown in the Projected Loss Ratio section. The final priced for Total Non-Benefit Expenses and Profit is 27.0%. This will result in an actual margin for risk and profit that is lower than the target shown above.

In addition, please note that expenses for each functional area within the company are recorded at a nationwide level. Expense assumptions for a state and product are allocated and represented on a percent of premium basis. This percent of premium representation of expenses is consistent with our actual to expected loss ratio pricing methodology.

Administrative Expense Loads: General and Administrative Expenses: This category accounts for the expenses of administering the business, such as claim payment expenses. The assumption was derived from actual expenses in 2012 relative to actual revenue. Total revenue for Assurant Health is expected to slightly decline in 2013 and then again in 2014. Therefore, it is appropriate to assume the 2012 expense ratio will not be leveraged in 2014. In developing this expense assumption, underwriting expenses were adjusted due to the reduction of staff within the underwriting functional area that will occur in response to the 2014 market rules.

Commissions and Sales Bonus: This is a variable expense that represents the cost of acquiring business. Our commission schedules and bonus campaigns will be set to 6.5% of premium.

Managed Care and Cost Containment Expenses: This is a variable expense that accounts for expenses incurred in order to reduce claims costs, such as access fees paid to the Preferred Provider Organization Networks that are leased on behalf of our customers. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Quality Improvement Expenses: This category accounts for expenses incurred in order to improve the quality of healthcare. Quality Improvement Expenses are added to claim payments in the Medical Loss Ratio Calculation. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Net Investment Income: This category accounts for investment income earned on reserves and surplus. This assumption was derived from our actual current net investment income ratio.

Profit & Risk Margin: Our targeted after tax margin for risk and profit is 3% of premium. The pricing load for this 3% after tax margin is applied consistently across products.

Taxes and Fees: Health Insurer Fee: \$8 billion will be collected nationally for this fee in 2014. The fee is based on our share of the total market premium. It is estimated that this fee will be 1.5% of premium. Furthermore, this fee is not deductible from federal income taxes.

State Premium Taxes and Assessments: This is estimated at approximately 3.5% of premium based upon 2012 experience. An adjustment was made to historical experience in order to

reduce any Comprehensive Health Association assessments. In addition, an adjustment of approximately 0.1% has also been made to account for the \$2 per member per year PCORI fee and the \$0.08 per member per month Risk Adjustment Program administration fee.

Income Taxes: Federal Income Taxes are expected to be 3% of premium, calculated as $((6\% + 1.5\%) \times 40\%)$, where 6% is the pre-tax profit margin, 1.5% is the non-deductible ACA health insurer fee cost and 40% is an approximation of the federal income tax rate for Assurant Health. Please note that our effective federal income tax rate is expected to be greater than the standard 35% due to the non-deductibility of certain internal and external individual compensation. This non-deductible compensation is incurred within non-health insurance lines of business from our parent company, Assurant, Inc.

Exchange User Fees: We will only issue business off the exchange in this state in 2014. Thus, there is no exchange user fee to cover.

11. Projected Loss Ratio

The projected future loss ratio for the period of 1/1/2014 through 12/31/2014 is 73.0%. Our premium rate was developed by dividing projected incurred claims by the priced for loss ratio.

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the Affordable Care Act. A calculation of the projected Medical Loss Ratio (MLR) is shown below:

$$\begin{aligned} \text{MLR} &= (\text{Claims} + \text{Quality Improvement Expense}) / (\text{Premium} - \text{Taxes and Fees}) \\ &= (A + B + C) / (D - E - F - G) \\ &= (73.0\% + 0.5\% + 1\%) / (100\% - 3.5\% - 1.5\% - 2\%) \\ &= 80\% \end{aligned}$$

Where:

A is Incurred Claims, net of Reinsurance and Risk Adjustment Transfers

B is Expenses for Improvement in the Quality of Healthcare

C is an adjustment due to the state level aggregation of the MLR calculation

D is premium

E is state premium taxes and other assessments and fees

F is the Health Insurer Fee

G is Federal Income Taxes (excluding taxes on profit due to Investment Income)

The 1% adjustment due to the state level aggregation of the MLR calculation, which is labeled C above, is included because of the inherent statistical fluctuation expected in state level loss ratios. State level MLRs will vary from 80%, even if our total nationwide MLR comes in exactly as priced for at 80%. Therefore, pricing to an 80% MLR will lead to a necessity to pay rebates in certain states. This will result in a post rebate loss ratio above 80% on a nationwide basis. A hypothetical example is illustrated below.

State	Premium	Claims	Loss Ratio	Credibility Adjustment	Rebates	Post Rebate Loss Ratio
A	100	75	75%	3%	2	77%
B	100	85	85%	0%	0	85%
Total	200	160	80%		2	81%

In order to mitigate this situation, we made a 1% adjustment to our priced for loss ratios. If applicable, rebates will be paid to customers in accordance with federal regulations and based upon actual experience.

12. Index Rate

The Index Rate is the estimated total allowed claims per member per month for all non-grandfathered plans for all essential health benefits within the state. This figure does not include adjustments for Reinsurance or Risk Adjustment transfers. There are no material covered benefits in excess of the Essential Health Benefits. Please see Appendix A for detail on the projected 2014 Index Rate calculation. Also, please see the Rate Algorithm Explanation Section below for details on how rates are calculated relative to the Index Rate.

13. AV Metal Values

The HHS Actuarial Value Calculator (AVC) was used to generate the AV values and metal values for the majority of the plans in our portfolio. There are a select number of Assurant Health plans that use an acceptable alternative methodology to generate AVs. The methodology used to develop these plans' AVs is detailed below.

1. Specialty High-Cost Drugs

Applicable Plans: Bronze 4, Bronze 5

Specialty Drugs for Assurant Health plans with a separate Rx deductible/coinsurance will go towards the medical deductible/coinsurance. The HHS AVC does not allow for the user to specify that specialty drugs should go to the medical deductible and coinsurance when inputting a plan design with a separate drug deductible. The following is a table detailing the average cost and scripts from the Bronze Rx continuance table in the HHS AVC:

Rx Category	Avg Cost per EE	Avg Scripts	% of Total Scripts
Generics	\$178.03	5.94	59.2%
Preferred Brand	\$534.99	3.55	35.4%
Non-Preferred Brand	\$117.58	0.51	5.1%
Specialty High-Cost	\$102.41	0.04	0.3%
Total	\$933.01	10.04	100%

Since the frequency of specialty high-cost drugs is very low compared to the other drug categories, I am certifying that the impact of the specialty high-cost drugs being subject to medical deductible/coinsurance instead of drug deductible/coinsurance will be insignificant to the AV.

2. Rx Brand Deductible Accumulation

Applicable Plans: Bronze 4, Bronze 5

Based on the documentation in the HHS AVC, services that have both deductibles and copays will be valued as though the copay is paid first, with the remainder going towards the deductible. However, for our plans with a separate drug deductible, the copays will only apply after the deductible is reached. To account for this, we have determined the equivalent coinsurance rate for the brand drugs and used that in place of the brand copays.

Plan	Brand Copay (pref/non-pref)	AV w/ no Rx Ded	Equivalent Coins
Bronze 4	\$50/\$75	62.1%	61%/61%
Bronze 5	\$50/\$75	62.8%	61%/61%

3. Office Visit Limits

Applicable Plans: Bronze 2, Silver 2, Silver 4

Office visit copay limits for Assurant Health plans will apply to primary care and specialty care office visits in total. The HHS calculator only allows for the user to apply copay limits to primary care visits. The average frequencies for office visits from the bronze and silver copay limits are detailed below:

	Avg Frequency - PCP	Avg Frequency - SP	Total	PCP % of Total
Bronze Combined Table	1.36	0.90	2.26	60%
Silver Combined Table	1.57	0.94	2.51	63%
			Assumed PCP % of Total	60%

Using the assumption that 60% of office visits are primary care, the table below details the number of visits that would be primary care vs. specialty for a 4 total visit limit and a 10 total visit limit.

Visit Limit	PCP %	PCP Visits	SP Visits
4	60%	2	2
10	60%	6	4

Therefore, for a plan with a 4 copay limit, a 2 copay limit was inputted for primary care, and likewise for a 10 visit limit, a 6 copay limit was inputted. The value calculated below for the Bronze 2 plan was subtracted from the HHS AV to account for the visit limits on specialty care. For the silver plans, moving from an unlimited PCP copay to a 4 copay limit has a negligible effect on the AV. Therefore, I am certifying that the AV impact of a specialist copay limit on the Silver 2 and Silver 4 plans will be insignificant.

	Bronze 2
AV No Copay (a)	59.0%
AV Unlimited \$35 PCP Copay (b)	61.3%
AV 2 Visit \$35 Copay (c)	60.2%
Impact of No copay to unlimited (d = b-a)	2.3%
Impact of No copay to X visit limit (e = c-a)	1.2%
Net Impact (f = (d-e)/d)	48%
AV Unlimited \$35 SP Copay (g)	60.5%
Est. AV Impact of 2 Visit SP Limit (h = -(g-a)*f)	-0.7%

Plan	AV Impact
Bronze 2	-0.7%
Silver 2	0.0%
Silver 4	0.0%

4. \$500 First Dollar D/X/L Benefit

Applicable Plans: Silver 3, Silver 4

Assurant Health will have two silver plans that have a \$500 first dollar Lab and X-Ray benefit. In order to evaluate the actuarial value of this benefit, a new continuance table had to be created since the HHS AVC cannot calculate the impact of first dollar benefits.

The claim cost basis was selected as the actuarial continuance tables of the HHS AVC. The continuance tables of the HHS actuarial tables are comprised of claim costs segregated by service category, plus an allowance for additional claim costs expected from high risk pools. Continuance tables were built to remove the additional cost of the high risk tables. The value added to the tables was a set dollar amount, without allocation to the separate service category claim costs. Two aggregate tables were built, one reflecting all service categories and the second reflecting all service categories without Lab and X-Ray, both of these tables excluding the high risk pool additional costs.

Expected claim costs were developed for each metal level at a deductible level that generates the prescribed metal actuarial value, with an integrated medical and drug deductible.

A continuance table of Lab and X-Ray benefits was built from data from Milliman. The table was adjusted so that total claim costs of Lab and X-ray benefits were equal to the amount of claims for Lab and X-Rays under each metal benefit level. The continuance table was split into professional and technical by the use of a level proportion across all average claim levels.

The continuance table was utilized to derive a \$500 first dollar coverage benefit. Remaining claims were then applied to the base plan deductible. Each metal plan continuance table was relied on to derive this value.

Below are the calculations of the \$500 first dollar lab and X-ray benefit resulting from the process described above:

	Silver 3	Silver 4
Claim Cost of Plan at Metal Level (a)	\$3,136	\$2,889
- includes all medical and pharmacy benefits		
Claim Cost of Plan at Metal Level (b)	\$2,854	\$2,617
- no benefits for Lab and X-Ray		
Value of Lab and X-Ray (c)	\$164	\$164
- first dollar benefits, up to \$500		
Additional Value of Lab and X-Ray, applied against deductible (d)	\$166	\$154
- includes an estimate of impact of deductible		
New Estimate of Medical Claim Cost e = (b+c+d)	\$3,183	\$2,935
Rider Add-on Cost (e/a-1):	1.5%	1.6%

Plan	AV Impact
Silver 3	1.5%
Silver 4	1.6%

5. One Deductible Plans

Affected plans: 1-Ded Bronze 1, 1-Ded Bronze 2

The One Deductible product design consists of a single family deductible for plans with more than 1 member. The scope of this product design is outside those allowed by the HHS AVC.

A HHS continuance table was adjusted that replicated results of the Bronze level AV's from the HHS AVC, using an integrated deductible.

This Bronze-like continuance table was conjugated with itself to represent the expected claims of 2, 3, 4, 5, 6, or 7 members under a unified family deductible.

Expected member-level AV's are then developed from an inputted plan design, for each of seven different continuance tables. An aggregate plan level Actuarial Value is developed from a business weighting by family size. The following table shows the calculation of the aggregate.

Number of Members	Mix of Business	1-Ded Bronze 1 AV's	1-Ded Bronze 2 AV's
1	43%	61.0%	61.4%
2	19%	51.3%	51.9%
3	13%	55.4%	56.0%
4	15%	59.4%	59.7%
5	7%	63.1%	63.2%
6	2%	66.5%	66.3%
7+	1%	69.6%	69.1%
Aggregate Actuarial Value:		58.5%	58.9%

The plan portfolio for Assurant Health is included in Appendix C. Screenshots of the AV calculations can be found in Appendix D.

14. AV Pricing Values

The AV pricing values include the AVs, calculated as described above, in addition to an

adjustment for utilization differences we expect due to plan cost sharing design. While we understand the difficulty in differentiating increased utilization from an increased risk profile, we do feel it is appropriate to adjust lower member cost sharing plans for increased utilization. In the Actuarial Value Calculator Methodology document released by HHS, HHS states that spending is affected by plan design through induced demand, and they in turn have explicitly differentiated and estimated the impact of induced utilization by metal level. An internal study has confirmed that induced utilization is relevant and suggests that the HHS defined induced utilization factors for the 4 metal levels of 1.00, 1.03, 1.08, and 1.15, respectively, may be conservative. Results from the internal study are as follows.

LOB	Bronze Plan Liability Risk Score			Allowed Per Member Per Year			Induced Utilization ($g=(1+f)/(1+c)-1$)
	< \$5,000 Ded (a)	>= \$5,000 Ded (b)	Increase ($c=a/b-1$)	< \$5,000 Ded (d)	>= \$5,000 Ded (e)	Increase ($f=d/e$)	
IM	0.50	0.42	17%	\$ 2,897	\$ 2,059	41%	20%

Since we don't have enough credibility to determine separate induced utilization factors for each metal level, we are applying the prescribed HHS induced utilization factors used in the HHS risk score to our plans. The bronze level will be the basis for the pricing AV values and will not have any induced utilization factor applied.

Please see the Rate Algorithm section below for further information regarding the adjustment in pricing of the Catastrophic Plan relative to the AV.

15. Membership Projections

Please see Appendix E for projected experience in 2014. Our projection of member months was developed by taking our recent sales and lapse rates and applying them to current membership. Member months were projected through the end of 2014. We have assumed that the size of the Individual Market outside the exchange will remain relatively stable through 2014. Therefore, our recent historical sales and lapse rates will provide a reasonable estimation of the future because Assurant Health will only sell outside the public exchange in 2014 in Colorado. Furthermore, note that there will be no cost sharing reduction subsidies applicable to our block of business. Also, please note that while our Non-Grandfathered Block is increasing in size, our Grandfathered block is decreasing because there are no new entrants. Nationwide, our total block size in 2014 is expected to remain relatively stable relative to our current block.

16. Terminated Products

Non-grandfathered products on forms TIM.POL.CO, 253 and 553 will be discontinued beginning 1/1/2014. These products are included in the experience period data.

In addition, all products on forms 494 and 497 will be discontinued.

17. Plan Type

All 2014 Individual Medical Plans will be PPO plans.

18. Warning Alerts

Warning alerts from the unified rate review template are explained below:

1. A warning appears because the index rate for the projection period that we entered in cell v44 is greater than the projected allowed experience claims calculated in worksheet 1 cell V32 of the URRT. We feel that this difference is justified because the index rate is using our actual pricing data and methodology, which is slightly different than that used on the unified rate review template. These differences are explained in the actuarial memorandum.
2. A warning also appears in rows 86, 93, and 98 of worksheet 2 because of a difference in total allowed claims and total incurred claims. The worksheet asks for the totals, but the warning checks against the totals after reinsurance and risk adjustments instead of the true total.
3. A warning appears in row 82 of the URRT worksheet 2 because the total premium does not equal worksheet 1. The premium difference is well under 1% and is caused by our method of rounding off the total projected member months to a whole number.

19. Effective Rate Review Information

1. Assumption, Acquisition, or Merger

The products included in this rate filing are not part of an assumption, acquisition, or merger.

2. Underwriting

The underwriting application process will be limited to eligibility verification.

3. Effect of Law Changes

The effects of the Affordable Care Act are addressed throughout the actuarial memorandum.

4. Rate History

This is a new product, so there is no rate history.

5. Coordination of Benefits

This rate filing reflects actual loss experience net of any savings associated with coordination of benefits and/or subrogation.

20. Rate Algorithm Section

The Index Rate is translated to a Base Rate for the state based upon a 21 year old non-tobacco user (1.0 factor), as illustrated in Appendix A. The following adjustments, as shown in the attached rate algorithm manual, are made to the base rate in order to develop the final rate for a specific member:

1. Multiplied by an Age factor as specified for the state.
2. Multiplied by a Tobacco factor. The tobacco factor is 1.14 for ages 21 and older. The non-tobacco user factor is 1.0.
3. Multiplied by a Rating Area factor. Area factors were developed using internal company pre-discounted allowed claim experience. In areas that were less than 100% credible, internal experience was supplemented with consultant data. The Area factor is constant across all plans and is balanced to equal 1.0 in total for the state.
4. Multiplied by a PPO network factor. PPO factors were developed using internal company discount experience in conjunction with reported discounts from the network. The PPO factor is constant across all plans and is balanced to equal 1.0 in total for the state.
5. Multiplied by a Reinsurance Adjustment factor. This factor was developed as described in the section above. This factor is separate from the 21 year old base rate in order to provide flexibility to update in future years, as the Reinsurance Program changes.
6. Multiplied by a Plan Actuarial Value factor and a Metal Level Utilization factor. These factors are used to incorporate the appropriate price relative to the actuarial value and cost-sharing design of the plan. These factors are based upon expected benefit level differences given a common population, and in no way reflect differences in expected population risks between plans.
7. Multiplied by a Catastrophic Plan Factor. We assumed that the catastrophic plan population will almost entirely consist of consumers under age 30, thus, the younger consumers on this plan will not need to subsidize older consumers. Therefore, to develop our Catastrophic Plan adjustment factor, we have estimated and removed the impact to the 18-30 year old price that was specifically due to the change from our current age slope to the new state specified 3:1 age slope.
8. Multiplied by a Trend Factor. This is set to a 1.0 for 2014.

21. Reliance

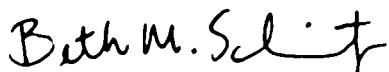
In developing this rate filing I relied upon information provided by others within my

department, as well as on information provided by other departments within the organization. I have reviewed this information for reasonableness, and I consider it to be reliable.

22. Actuarial Certification

I am a member of the American Academy of Actuaries. To the best of my knowledge and judgment,

1. This rate filing is in compliance with the applicable laws and regulations concerning premium rate development in this state and the benefits are reasonable in relationship to premiums.
2. The projected index rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations.
 - b. Developed in compliance with the Actuarial Standards of Practice.
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive nor deficient.
3. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
5. The HHS AV Calculator was used to determine the AV Metal Values for all plans shown in Worksheet 2 of the Part I Unified Rate Review Template except for those documented in this memorandum. The AV values for those documented in the memorandum were developed based on one of the acceptable alternative methods and are in accordance with generally accepted actuarial principles and methodologies.



Beth Schmitz, FSA, MAAA
Director – IM Actuarial
5/2013

Assurant Health - Appendix C
2014 CO IM Plan Portfolio

											Drug Design					HSA	Actuarial Value
Metal Level	Plan	Plan Type	Deductible	Coinsurance	Total OOP	OV Copay	OV: Primary/Specialty	OV Limit	ER Access Fee	D/X/L Benefit	Tier 1	Tier 2	Tier 3	Tier 4	Rx Ded		
Bronze AV: 60%	1	Non 1-Ded	\$6,000	100%	\$6,000	None	N/A	N/A	\$100	None	Integrated					Y	59.2%
	2	Non 1-Ded	\$5,000	75%	\$6,350	\$35	Primary/Specialty	4	\$100	None	Integrated					N	61.3%
	3	Non 1-Ded	\$2,500	50%	\$6,350	None	N/A	N/A	\$100	None	Integrated					Y	61.6%
	4	Non 1-Ded	\$5,000	75%	\$6,350	None	N/A	N/A	\$100	None	\$25	\$50	\$75	N/A	\$500 Brand	N	60.9%
	5	Non 1-Ded	\$3,500	50%	\$6,350	None	N/A	N/A	\$100	None	\$25	\$50	\$75	N/A	\$500 Brand	N	61.8%
Silver AV: 70%	1	Non 1-Ded	\$3,500	100%	\$3,500	None	N/A	N/A	\$100	None	Integrated					Y	68.8%
	2	Non 1-Ded	\$2,000	50%	\$6,350	\$30	Primary/Specialty	10	\$100	None	\$15	\$35	\$60	N/A	None	N	70.1%
	3	Non 1-Ded	\$1,250	50%	\$5,000	None	N/A	N/A	\$100	\$500	Integrated					N	68.8%
	4	Non 1-Ded	\$1,850	50%	\$6,350	\$30	Primary/Specialty	10	\$100	\$500	\$15	\$35	\$60	N/A	None	N	71.9%
Gold AV: 80%	1	Non 1-Ded	\$2,000	100%	\$2,000	None	N/A	N/A	\$100	None	Integrated					N	78.8%
	2	Non 1-Ded	\$0	75%	\$6,350	\$25	Primary/Specialty	Unlimited	\$100	None	\$15	\$35	\$60	N/A	None	N	81.7%
Platinum AV: 90%	1	Non 1-Ded	\$950	100%	\$950	None	N/A	N/A	\$100	None	Integrated					N	88.2%
	2	Non 1-Ded	\$0	75%	\$2,000	\$25	Primary/Specialty	Unlimited	\$100	None	\$10	\$30	\$50	N/A	None	N	88.1%
Catastrophic	1	Non 1-Ded	\$6,350	100%	\$6,350	\$0 (First Dollar)	Primary	3	\$100	None	Integrated					N	60.3%
Bronze AV: 60%	1	1-Ded	\$5,500	100%	\$5,500	None	N/A	N/A	\$100	None	Integrated					Y	58.5%
	2	1-Ded	\$3,000	50%	\$6,000	None	N/A	N/A	\$100	None	Integrated					Y	58.9%

Data Collection Template

Company Legal Name: **Time Insurance Company** State: **CO**
HIOS Issuer ID: **39060** Market: **Individual**
Effective Date of Rate Change(s): **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period:	1/1/2012	to	12/31/2012
	Experience Period		
	Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	\$29,675,830	\$173.54	100.00%
Incurred Claims in Experience Period	\$20,934,361	122.42	70.54%
Allowed Claims:	\$38,155,818	223.13	128.58%
Index Rate of Experience Period		\$223.00	
Experience Period Member Months	170,999		

Section II: Allowed Claims, PMPM basis

Benefit Category	Experience Period				Projection Period: 1/1/2014 to 12/31/2014				Mid-point to Mid-point, Experience to Projection: 24 months			
	on Actual Experience Allowed				Adj't. from Experience to Projection Period				Annualized Trend Factors			
	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000
												Average Cost/Service
Inpatient Hospital	Services	347.86	\$2,371.32	\$68.74	1.307	1.053	1.020	1.093	543.65	\$2,597.88	\$117.69	578.98
Outpatient Hospital	Services	3,234.26	264.36	71.25	1.307	1.053	1.020	1.093	5,054.59	289.62	121.99	5335.66
Professional	Visits	2,985.63	162.24	40.37	1.307	1.053	1.020	1.043	4,249.07	177.74	62.94	4885.51
Other Medical	Services	299.30	718.66	17.92	1.307	1.053	1.200	1.093	467.75	1,089.72	42.48	488.70
Capitation				0.00					0.00	0.00	0.00	
Prescription Drug	Prescriptions	6,979.62	42.73	24.85	1.307	1.053	1.030	1.080	10,640.32	47.73	42.33	12707.41
Total				\$223.14							\$387.42	53.55

Section III: Projected Experience:

Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	\$387.42	\$67,591,501
Paid to Allowed Average Factor in Projection Period			0.647	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			\$250.66	\$43,731,701
Projected Risk Adjustments PMPM			-16.15	(2,817,594)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			\$266.81	\$46,549,295
Projected ACA reinsurance recoveries, net of rein prem, PMPM			35.47	6,188,238
Projected Incurred Claims			\$231.34	\$40,361,057
Administrative Expense Load		18.50%	60.71	10,591,199
Profit & Risk Load		3.00%	9.84	1,717,492
Taxes & Fees		8.00%	26.25	4,579,978
Single Risk Pool Gross Premium Avg. Rate, PMPM			\$328.15	\$57,249,726
Index Rate for Projection Period			\$446.39	
% increase over Experience Period			89.09%	
% Increase, annualized:			37.51%	
Projected Member Months				174,464

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Time Insurance Company
39060
1/1/2014

State: CO
Market: Individual

Product/Plan Level Calculations

[illegible]

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

[illegible][illegible]

Section III: Experience Period Information

[illegible][illegible]

tion IV: Projected (12 months following effective date)

[illegible]

[illegible]

Assurant Health - Appendix D
Bronze 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☐
- Desired Metal Tier▼ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$6,000.00			
Coinsurance (% , Insurer's Cost Share)		100.00%			
OOP Maximum (\$)		\$6,000.00			
OOP Maximum if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
59.2%
Bronze

Assurant Health - Appendix D
Bronze 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier: ☒ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (%; Insurer's Cost Share)		75.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	2

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

62.0%

Bronze

Impact of 2 visit limit on Specialty copay:

-0.7%

Ending AV

61.3%

Assurant Health - Appendix D
Bronze 3

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,500.00
Coinsurance (%; Insurer's Cost Share)		50.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
61.6%
Bronze

Assurant Health - Appendix D
Bronze 4

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☐

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

▼ Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	75.00%	100.00%
OOP Maximum (\$)	\$6,350.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	61%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	61%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
60.9%
Bronze

Assurant Health - Appendix D
Bronze 5

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$500.00	
Coinsurance (% , Insurer's Cost Share)	50.00%	100.00%	
OOP Maximum (\$)	\$6,350.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	61%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	61%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
61.8%
Bronze

Assurant Health - Appendix D
Silver 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,500.00
Coinsurance (%; Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$3,500.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
68.8%
Silver

Assurant Health - Appendix D
Silver 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% , Insurer's Cost Share)		50.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	6

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
70.1%
Silver

Assurant Health - Appendix D
Silver 3

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,250.00
Coinsurance (%; Insurer's Cost Share)		50.00%
OOP Maximum (\$)		\$5,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

67.3%

DXL 1.5%
Total 68.8%

Assurant Health - Appendix D
Silver 4

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,850.00
Coinsurance (%; Insurer's Cost Share)		50.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	6

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.3%
Metal Tier: Silver

DXL 1.6%
Total 71.9%

Assurant Health - Appendix D
Gold 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$2,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
78.8%
Gold

Assurant Health - Appendix D
Gold 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$0.00
Coinsurance (% , Insurer's Cost Share)			75.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM			<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM			<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.7%

Gold

Assurant Health - Appendix D
Platinum 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$950.00
Coinsurance (%; Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$950.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
88.2%
Platinum

Assurant Health - Appendix D
Platinum 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (%; Insurer's Cost Share)		75.00%
OOP Maximum (\$)		\$2,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
88.1%
Platinum

Assurant Health - Appendix D
Catastrophic

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier ☒ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,350.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$6,350.00			
OOP Maximum if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	3

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
60.3%
Bronze

Assurant Health - Appendix D
1-Ded Bronze 1

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier ☒ Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,500.00
Coinsurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$5,500.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.0%

Bronze

1-Deductible Adjustment

-2.5%

Ending AV

58.5%

Assurant Health - Appendix D
1-Ded Bronze 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (% , Insurer's Cost Share)			50.00%
OOP Maximum (\$)			\$6,000.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.5%

Bronze

Impact of 2 visit limit on Specialty copay:

-2.6%

Ending AV

58.9%

ACTUARIAL MEMORANDUM

Company: Time Insurance Company
NAIC #: 0069477
SERFF Filing #: ASWX-G129048379
SERFF Binder Filing #: ASWX-CO14-125002233

A. Summary

1. Reason(s): The purpose of this rate filing is to file a new product with rates that are compliant with the 2014 Affordable Care Act (ACA) requirements and to demonstrate the reasonableness of benefits in relationship to premiums. This rate filing is not intended for other purposes.
2. Requested Rate Action: This is a new product filing, so there is no requested rate change.
3. Marketing method(s): These plans are marketed through general agencies, brokers, wholesale arrangements, and direct-to-consumer. In 2014, Assurant Health will only sell plans outside of the public health exchanges in this state.
4. Premium Classification(s): Coverage beyond age 65 will be secondary to Medicare. Premiums are on an attained age basis and will increase with age. Premiums also vary by plan design, tobacco status and geographic area. In 2014, only the oldest three dependents under age 21 will be charged a premium rate for a given policy.
5. Product Description(s): This product covers all the Essential Health Benefits (EHB) as required under the ACA. There are no material additional benefits above the EHB.
6. Policy/Rider Impacted: TIM14.POL.CO
7. Age Basis: Premiums will be charged on an attained age basis. This product will be sold to all ages.
8. Renewability provision: All policies are guaranteed issue and guaranteed renewable as defined under the ACA and HIPAA.

B. Assumption, Merger, or Acquisition

The products included in the rate filing are not part of an assumption, acquisition, or merger.

C. Rating Period

Proposed Effective Date: 1/1/2014

Rating Period: Annual

Rating Period Dates: 1/1/14 – 12/31/14

D. Effect of Law Changes

Changes in the Morbidity of the Insured Population: The ACA will cause significant changes in average risk of the population insured in the Individual Market (IM). Some drivers of the population change will be guaranteed issue, the individual mandate, underwriting and rating changes and the availability of premium subsidies for lower income consumers. In addition, average morbidity will increase in 2014 because issuers are no longer allowed to exclude coverage for pre-existing conditions.

The 2014 Individual Market will encompass many distinct groups, including:

1. Individuals currently insured within the IM market. We expect some low cost individuals will choose to forgo coverage, because of expected rate increases that result from the compression or removal of allowed rating variation for demographic and health status characteristics. This is expected to increase the average cost in 2014.
2. The uninsured entering the Individual Market. In the first year, it is expected that new enrollees will either be subsidy eligible or the less healthy. We expect some of the healthy uninsured to delay coverage until the mandate becomes more punitive.
3. Employees who lose group coverage if employers opt to direct them to the IM exchange. This is more likely if the group employs low income individuals who will become eligible for a premium subsidy in 2014. We expect that this scenario is furthermore more likely in the small, rather than large, group market. Today's group market is less healthy than the IM market, so this migration is expected to increase the average cost of the IM population.
4. Individuals currently covered through the state/federal high risk pools and the conversion (or HIPAA) markets. To the extent these high risk individuals enter the IM market, it will increase the average cost of the insured population.

We have reviewed various scenarios and have determined a final estimate is that the morbidity of the insured population in Colorado will increase by 30%. We utilized the data within the "Cost of the Future Newly Insured under the Affordable Care Act (ACA)" study prepared by Optum Health and commissioned by the Society of Actuaries in order to assess possible scenarios and develop our assumption. In addition, we compared our estimates against various industry studies in order to validate the reasonableness of our results. We made the following key assumptions in our final cost increase estimate:

1. Medicaid will expand to cover low income individuals in Colorado.
2. The state high risk pool will terminate existing individuals in 2014.
3. There will be some portion of the currently uninsured population that will be slow to adopt the exchange purchasing process in 2014. In particular, there is a significant risk that healthy individuals that have only a small portion of their premium subsidized will make the decision to forgo insurance in 2014.

In addition to the expected change in the average risk of the insured population, we anticipate that there will be an increase in utilization relative to our experience period due to the pent up demand of the newly insured. When consumers are uninsured or underinsured, they may opt to delay healthcare services. Historically, approximately 30% of our sales have been to customers who did not previously have health insurance. These previously uninsured customers have claim experience that is significantly worse than those with prior coverage. This experience discrepancy is most pronounced in the first 6 months of coverage, when the experience relativity between these two cohorts is up to 20% higher than the ultimate relativity. We expect that the mandate to purchase insurance may temper the pent up demand of the newly insured entering the market in 2014. Therefore, the 2014 utilization on newly insured individuals will not have as large of a spike as our historical experience. Our assumption is that an additional 10% of our block will be newly insured individuals, with 10% higher than typical utilization in the first 6 months of coverage. This leads to an adjustment of 0.5% within our pricing and claim projection.

Changes in Benefits: There is an adjustment of 3.5% within our pricing and claim projection to include new and expanded benefits in accordance with the EHB requirements of the ACA. The table below lists the estimated additional cost associated with each new benefit. The Pediatric Dental expense was estimated using commercial group experience for 2011 and 2012 from our sister segment, Assurant Employee Benefits. The remaining estimates are based upon purchased data of experience of a standard population.

Benefit	Estimated Additional Cost
Mental Health and Substance Abuse	1.2%
Pediatric Vision	0.4%
Private Duty Nursing	0.3%
Pediatric Dental	1.6%
GRAND TOTAL	3.5%

In addition, it is expected that the average actuarial value of our block will increase from approximately 60% to approximately 65% after the change to standardized Bronze, Silver, Gold and Platinum metallic plans. Furthermore, approximately 30% of business within our experience data is on a plan that has an actuarial value of 55% or less. We expect that richer benefits in 2014 will induce demand for healthcare services that is higher than the average utilization within our base experience. We assume that future Silver plans will have utilization that is 3% higher than our average current experience, Gold will be 8% higher, and Platinum will be 15% higher. Based upon our expected split of plans by metal level, we have adjusted our experience period claims by 1.6% in order to account for this benefit level driven increase in utilization.

Risk Adjustment: In 2014, the ACA establishes a Risk Adjustment Program that will allow issuers to set premiums according to the average actuarial risk in the individual and small group market without respect to the type of risk selection the issuer would otherwise expect. The ACA establishes a standard quantification of risk with the HCC-HHS risk scoring model.

In order to set premiums according to the average risk, Assurant Health must estimate our risk relative to the state average individual major medical risk.

To establish this estimate, Assurant Health participated in the Wakely National Risk Adjustment Simulation Project (WNRASP). In this project the Wakely Consulting Group quantified risk using the HCC-HHS model that Health and Human Services (HHS) developed for implementation in 2014. Wakely conducted risk simulations in individual and small group markets only when 75%+ of the state wide membership was represented. Health plans covering these members used claim experience to determine plan liability risk scores consistent with the HCC-HHS methodology. Health plan specific liability risk scores along with allowable rating factors are compared to the scores of all market participants consistent with the methodology set forth in the Risk Adjustment Program.

The WNRASP results provided to Assurant Health quantify the difference in the risk of the Assurant Health book of business relative to the state and market average risk. The state result is adjusted to the extent that base period data was less than 100% credible, in order to be on a consistent basis with the index rate for the state. The final result for use in our pricing methodology was a 0.94 risk score. This indicates that Assurant Health business practices (e.g. distribution methods and underwriting) and member selection patterns have created a book of experience with 6% lower costs. Our pricing was adjusted by a factor of $1.0/0.94$ to represent the average actuarial risk, as shown in Appendix A. This multiplicative adjustment is consistently applied across all plans within the state.

Reinsurance Recoveries: In 2014, the ACA has a Reinsurance Program that will reimburse carriers 80% of claim costs between \$60,000 and \$250,000 per member. We have made a negative 15.0% adjustment to our expected claim costs within our pricing in order to account for expected reinsurance recoveries. This adjustment is consistently applied across all plans within the state. Our reinsurance recovery assumption was developed using Truven Health MarketScan® Research Databases that is representative of a standard population and with coverage similar to the ACA EHB package. The exposure and claim data was limited to members that had complete data and were on a non-capitated basis. In addition, the claim data for each member was trended to 2014 and a utilization adjustment was made to scale claims to the appropriate cost sharing level. The reinsurance formula was applied by member, and the result was divided by total paid claims on the same adjusted basis. This process was done to estimate a reinsurance recovery factor for each plan metal level. The final composite factor above was developed based upon our expected mix of Bronze, Silver, Gold and Platinum business.

Reinsurance Contributions: The Reinsurance Program is funded by a fee of \$5.25 per member per month. We have increased our expected claim costs within our pricing development by 2.0% in order to cover this fee. In order to maintain compliance with the required relativity of prices by age, we have applied the adjustment on a multiplicative basis. Our adjustment factor was developed by dividing \$5.25 by the expected total per member per month claim costs in the state.

E. Rate History

This is a new product, so there is no rate history.

F. Coordination of Benefits

This rate filing reflects actual loss experience net of any savings associated with coordination of benefits and/or subrogation.

G. Relation of Benefits to Premium

The table below lists the expected Non-Benefit Expenses and Target Profit for Assurant Health in Colorado. The pricing load to cover these expenses is applied consistently across products and plans. These items are discussed in detail in the following paragraphs.

Expense Category	% of Premium
General and Administrative	11.0%
Commissions and Sales Bonus	6.5%
Managed Care and Cost Containment	3.0%
Quality Improvement	0.5%
Net Investment Income	-2.5%
Taxes, Fees and State Assessments	3.5%
ACA Health Insurer Fee	1.5%
Federal Income Taxes	3.0%
Profit and Risk Margin (After Tax)	0.5%
Total Retention	27.0%
Targeted Loss Ratio	73.0%

We will not be on the Colorado exchange in 2014, so there are no exchange fees.

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the ACA. The calculation of the Medical Loss Ratio is shown in the Projected Loss Ratio section. The final priced for Total Non-Benefit Expenses and Profit is 27.0%. This will result in an actual margin for risk and profit that is lower than the target shown above.

In addition, please note that expenses for each functional area within the company are recorded at a nationwide level. Expense assumptions for a state and product are allocated and represented on a percent of premium basis. This percent of premium representation of expenses is consistent with our actual to expected loss ratio pricing methodology.

Administrative Expense Loads: General and Administrative Expenses: This category accounts for the expenses of administering the business, such as claim payment expenses.

The assumption was derived from actual expenses in 2012 relative to actual revenue. Total revenue for Assurant Health is expected to slightly decline in 2013 and then again in 2014. Therefore, it is appropriate to assume the 2012 expense ratio will not be leveraged in 2014. In developing this expense assumption, underwriting expenses were adjusted due to the reduction of staff within the underwriting functional area that will occur in response to the 2014 market rules.

Commissions and Sales Bonus: This is a variable expense that represents the cost of acquiring business. Our commission schedules and bonus campaigns will be set to 6.5% of premium.

Managed Care and Cost Containment Expenses: This is a variable expense that accounts for expenses incurred in order to reduce claims costs, such as access fees paid to the Preferred Provider Organization Networks that are leased on behalf of our customers. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Quality Improvement Expenses: This category accounts for expenses incurred in order to improve the quality of healthcare. Quality Improvement Expenses are added to claim payments in the Medical Loss Ratio Calculation. This expense assumption was derived from actual expenses in 2012 relative to actual revenue.

Net Investment Income: This category accounts for investment income earned on reserves and surplus. This assumption was derived from our actual current net investment income ratio.

Profit & Risk Margin: Our targeted after tax margin for risk and profit is 3% of premium. The pricing load for this 3% after tax margin is applied consistently across products.

Taxes and Fees: Health Insurer Fee: \$8 billion will be collected nationally for this fee in 2014. The fee is based on our share of the total market premium. It is estimated that this fee will be 1.5% of premium. Furthermore, this fee is not deductible from federal income taxes.

State Premium Taxes and Assessments: This is estimated at approximately 3.5% of premium based upon 2012 experience. An adjustment was made to historical experience in order to reduce any Comprehensive Health Association assessments. In addition, an adjustment of approximately 0.1% has also been made to account for the \$2 per member per year PCORI fee and the \$0.08 per member per month Risk Adjustment Program administration fee.

Income Taxes: Federal Income Taxes are expected to be 3% of premium, calculated as $((6\% + 1.5\%) \times 40\%)$, where 6% is the pre-tax profit margin, 1.5% is the non-deductible ACA health insurer fee cost and 40% is an approximation of the federal income tax rate for Assurant Health. Please note that our effective federal income tax rate is expected to be greater than the standard 35% due to the non-deductibility of certain internal and external individual compensation. This non-deductible compensation is incurred within non-health insurance lines of business from our parent company, Assurant, Inc.

Exchange User Fees: We will only issue business off the exchange in this state in 2014. Thus, there is no exchange user fee to cover.

Our priced for loss ratio is 73.0% in Colorado, which is approximately an 80% Medical Loss Ratio as defined by the Affordable Care Act. A calculation of the projected Medical Loss Ratio (MLR) is shown below:

$$\begin{aligned}\text{MLR} &= (\text{Claims} + \text{Quality Improvement Expense}) / (\text{Premium} - \text{Taxes and Fees}) \\ &= (A + B + C) / (D - E - F - G) \\ &= (73.0\% + 0.5\% + 1\%) / (100\% - 3.5\% - 1.5\% - 2\%) \\ &= 80\%\end{aligned}$$

Where:

- A is Incurred Claims, net of Reinsurance and Risk Adjustment Transfers
- B is Expenses for Improvement in the Quality of Healthcare
- C is an adjustment due to the state level aggregation of the MLR calculation
- D is premium
- E is state premium taxes and other assessments and fees
- F is the Health Insurer Fee
- G is Federal Income Taxes (excluding taxes on profit due to Investment Income)

The 1% adjustment due to the state level aggregation of the MLR calculation, which is labeled C above, is included because of the inherent statistical fluctuation expected in state level loss ratios. State level MLRs will vary from 80%, even if our total nationwide MLR comes in exactly as priced for at 80%. Therefore, pricing to an 80% MLR will lead to a necessity to pay rebates in certain states. This will result in a post rebate loss ratio above 80% on a nationwide basis. A hypothetical example is illustrated below.

State	Premium	Claims	Loss Ratio	Credibility Adjustment	Rebates	Post Rebate Loss Ratio
A	100	75	75%	3%	2	77%
B	100	85	85%	0%	0	85%
Total	200	160	80%		2	81%

In order to mitigate this situation, we made a 1% adjustment to our priced for loss ratios. If applicable, rebates will be paid to customers in accordance with federal regulations and based upon actual experience.

H. Provision for Profit and Contingencies

6% Pre-FIT, 3% After Tax

For 2014, expected profit is 0.5% due to expense levels.

I. Determination of Proposed Rates

The development of the 2014 index rate is shown in Appendix A.

Colorado experience is 100% credible. See Section K for further details.

The adjustments for market risk, essential health benefits, and utilization are addressed in Section D.

The PPO and trend adjustments are addressed in Section O.

In Section O we have shown how the index rate is translated to a base rate for the state based upon a 21 year old non-tobacco user (1.0 factor).

J. Trend

Medical Trend (total)	11%
Medical provider price increase	1%
Utilization changes	8%
Medical cost shifting	1%
Medical procedures and new technology	1%
Insurance Trend (total)	11%
Underwriting wearoff	0%
Deductible leveraging	0%
Anti-selection	0%
Pharmaceutical Trend (total)	11%
Price increases	3%
Utilization changes	8%

Within medical trend, the increase in cost per service was split evenly among medical provider price increase, medical cost shifting, and medical procedures and new technology.

Our estimate of trend due to benefit leveraging was split evenly among underwriting wearoff, deductible leveraging, and anti-selection.

K. Credibility

The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

Based upon Colorado credibility methodology, our Colorado pooled experience as used within pricing is 100% credible. The unpooled base experience as used in the Unified Rate Review Template is also 100% credible.

L. Data Requirements

This is a new product, so there is no historical experience.

Please see Appendix E for 2014 projection information.

M. Side-by-Side Comparison

This is a new product, so there is no previous versus current rate comparison.

N. Benefits Ratio Projections

The benefit ratio is projected to be 73% including the impact of reinsurance.

Please see Appendix E for 2014 projection information.

O. Other Factors

Other Adjustments: We made an adjustment of 0.1% within our pricing and claim projection in order to account for expected worsening in Preferred Provider Organization (PPO) discounts in 2014 relative to the 2012 experience period. Our expected PPO discounts are developed by using a combination of experience and reported data from the networks that we lease.

Trend Factors (cost/utilization): The effects on future claims of inflation, advancing medical technology and techniques, and increased utilization and cost shifting are accounted for by an annual secular trend assumption of 10.5%. This is an allowed claims trend factor. This trend was developed from historical experience of our nationwide block. Please see Appendix B for further detail. Experience was trended for 24 months, from the mid-point of 2012 to the mid-point of 2014.

Appendix A illustrates how all factors are applied to develop the Index Rate.

The Index Rate is translated to a Base Rate for the state based upon a 21 year old non-tobacco user (1.0 factor), as illustrated in Appendix A. The following adjustments, as shown in the attached rate algorithm manual, are made to the base rate in order to develop the final rate for a specific member:

1. Multiplied by an Age factor as specified for the state. In Colorado, we are using the age curve defined in the regulations of the ACA.
2. Multiplied by a Tobacco factor. The factor is 1.14 for ages 21 and older. Please see Appendix F for tobacco factor support.
3. Multiplied by a Rating Area factor. Area factors were developed using internal company pre-discounted allowed claim experience. In areas that were less than 100% credible, internal experience was supplemented with consultant data. The Area factor is constant across all plans and is balanced to equal 1.0 in total for the state. Please see Appendix G for additional area factor support.
4. Multiplied by a PPO network factor. PPO factors were developed using internal company discount experience in conjunction with reported discounts from the network. The PPO factor is constant across all plans and is balanced to equal 1.0 in total for the state.

We use a combination of historical actual discounts along with discounts provided by the networks to determine our PPO discounts. A credibility threshold of \$10,000,000 per service category is used for each network and market combination. If our discounts are not 100% credible based off our threshold, we weight them with discounts provided by the network. This process is followed for each service category, inpatient, outpatient, and physician, and then weighted to get a total in-network discount. We also model a discount based off historical experience to create an out of network discount assumption and an Rx discount assumption, and weight those with the in-network discount to determine a total expected discount by network and market.

We then project a total average PPO cost factor (1-discount) in the state based on our membership by market. Using the state average cost factor, network/market cost factors relative to the state average are developed. Therefore, similar to the area factors, the final PPO factors maintain a 1.0 average relativity to the statewide developed base rate.

5. Multiplied by a Reinsurance Adjustment factor. This factor was developed as described in the section above. This factor is separate from the 21 year old base

rate in order to provide flexibility to update in future years, as the Reinsurance Program changes.

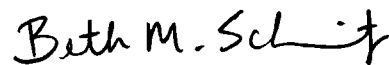
6. Multiplied by a Plan Actuarial Value factor and a Metal Level Utilization factor. These factors are used to incorporate the appropriate price relative to the actuarial value and cost-sharing design of the plan. These factors are based upon expected benefit level differences given a common population, and in no way reflect differences in expected population risks between plans.
7. Multiplied by a Catastrophic Plan Factor. We assumed that the catastrophic plan population will almost entirely consist of consumers under age 30, thus, the younger consumers on this plan will not need to subsidize older consumers. Therefore, to develop our Catastrophic Plan adjustment factor, we have estimated and removed the impact to the 18-30 year old price that was specifically due to the change from our current age slope to the new state specified 3:1 age slope.
8. Multiplied by a Trend Factor. This is set to a 1.0 for 2014.

P. Certification

I, Beth Schmitz, am a member of the American Academy of Actuaries.

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations concerning premium rate development of this state and the benefits are reasonable in relationship to premiums.

In my opinion, the rates contained in this filing are not excessive, inadequate, or unfairly discriminatory.



Beth M. Schmitz, FSA, MAAA
Director, IM Actuarial
6/6/2013

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM14.POL.CO
STATE OF CO
RATE SAMPLE**

40 Year Old Non-Smoker

Rating Area	Network	Bronze		Silver		Gold		Platinum		Catastrophic
		Low	High	Low	High	Low	High	Low	High	Only One Catastrophic Plan
1	ASA	282.27	298.20	341.92	357.33	410.63	425.74	488.85	489.40	232.77
	GWH	284.81	300.88	345.00	360.54	414.33	429.58	493.24	493.81	234.86
2	ASA	231.67	244.75	280.63	293.27	337.02	349.43	401.22	401.67	191.04
	GWH	233.76	246.95	283.16	295.92	340.06	352.57	404.84	405.30	192.77
3	ASA	284.93	301.01	345.14	360.70	414.50	429.75	493.45	494.02	234.97
	GWH	287.50	303.72	348.26	363.94	418.24	433.63	497.90	498.46	237.08
4	ASA	310.39	327.91	375.98	392.93	451.55	468.15	537.56	538.16	255.96
	GWH	348.03	367.66	421.57	440.57	506.29	524.92	602.73	603.41	286.99
5	ASA	289.47	305.80	350.64	366.44	421.11	436.60	501.32	501.89	238.70
	GWH	324.56	342.87	393.15	410.87	472.16	489.53	562.09	562.74	267.64
6	ASA	288.03	304.27	348.89	364.62	419.01	434.42	498.82	499.38	237.51
	GWH	293.77	310.33	355.84	371.88	427.36	443.08	508.76	509.34	242.25
7	ASA	335.44	354.35	406.32	424.64	487.97	505.93	580.92	581.58	276.61
	GWH	334.82	353.70	405.57	423.85	487.08	505.00	579.86	580.51	276.10
8	ASA	312.64	330.27	378.71	395.78	454.81	471.54	541.44	542.06	257.81
	GWH	312.06	329.67	378.00	395.04	453.98	470.68	540.45	541.06	257.33
9	ASA	344.30	363.73	417.06	435.87	500.88	519.31	596.29	596.96	283.93
	GWH	351.17	370.98	425.38	444.55	510.86	529.66	608.17	608.86	289.59
10	ASA	338.29	357.38	409.78	428.25	492.14	510.24	585.88	586.54	278.97
	GWH	379.31	400.71	459.47	480.17	551.80	572.10	656.91	657.65	312.79
11	ASA	362.71	383.17	439.35	459.15	527.66	547.06	628.16	628.87	299.10
	GWH	406.68	429.62	492.62	514.82	591.62	613.39	704.31	705.11	335.36